| Fill | in this information to identify | your case: | | | | |
|------|---|---|--|------------------------|--------|--------------------------------|
| Del | otor 1 Christopher E | | | | | |
| Del | First Name | Middle Name | Last Name | | | |
| | use if, filing) First Name | Middle Name | Last Name | | | |
| Uni | ted States Bankruptcy Court for | the: EASTERN DISTRICT O | OF WISCONSIN | | | |
| | se number <u>2:24-bk-22327</u> | | | | | k if this is an nded filing |
| | ficial Form 106Sur | | nd Certain Statistical | Information | | 12/15 |
| info | rmation. Fill out all of your sc | hedules first; then complete t | e are filing together, both are e he information on this form. If k the box at the top of this pag | you are filing amende | | |
| Par | t 1: Summarize Your Asset | 3 | | | | |
| | | | | | Your a | assets of what you own |
| 1. | Schedule A/B: Property (Offi 1a. Copy line 55, Total real es | | | | \$ | 0.00 |
| | 1b. Copy line 62, Total person | al property, from Schedule A/B. | | | \$ | 32,250.00 |
| | 1c. Copy line 63, Total of all p | operty on Schedule A/B | | | \$ | 32,250.00 |
| Par | t 2: Summarize Your Liabili | ties | | | | |
| | | | | | | iabilities nt you owe |
| 2. | | ave Claims Secured by Property Column A, Amount of claim, at | γ (Official Form 106D) the bottom of the last page of Pa | art 1 of Schedule D | \$ | 0.00 |
| 3. | | Have Unsecured Claims (Offician Part 1 (priority unsecured clain | al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i> . | | \$ | 34,500.00 |
| | 3b. Copy the total claims from | Part 2 (nonpriority unsecured o | claims) from line 6j of <i>Schedule E</i> | /F | \$ | 4,767,874.38 |
| | | | | Your total liabilities | s | 4.802.374.38 |

Part 3: Summarize Your Income and Expenses

Part 4: Answer These Questions for Administrative and Statistical Records

| 3 | Are vou | filina fo | or bankrupto | v under Cha | anters 7 | 11 or 132 |
|----|---------|-----------|--------------|-------------|-----------|-----------|
|). | Ale you | mining re | n bankrupic | y under Gna | apiers /, | 11,01131 |

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

⊠ Yes

7. What kind of debt do you have?

☐ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

| \$ | | | | |
|----|--|--|--|--|
| | | | | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim |
|---|-------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| 9d. Student loans. (Copy line 6f.) | \$ |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as | |
| priority claims. (Copy line 6g.) | \$ |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ |
| On Total Add lines On through Of | • |
| 9g. Total. Add lines 9a through 9f. | \$ |

page 2 of 2

| Fill in this infor | mation to identify y | our case and this filing: | | | |
|---------------------------------|---|---|--|---------------------|--|
| Debtor 1 | Christopher E | Knight | | _ | |
| Dalue | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for tl | ne: <u>EASTERN DISTRICT OF</u> | WISCONSIN | | |
| Case number | 2:24-bk-22327 | | | | ☐ Check if this is an |
| • | | | | | amended filing |
| | | | | | |
| Official Fo | orm 106A/B | | | | |
| | | nortv | | | 4044 |
| | le A/B: Pro | | 16 A 514 - i Ab A | | 12/15 |
| think it fits best. | Be as complete and a re space is needed, at | ccurate as possible. If two marrie | nce. If an asset fits in more than one catego d people are filing together, both are equally n. On the top of any additional pages, write yo | responsible for su | pplying correct |
| Part 1: Describe | Each Residence, Bui | ding, Land, or Other Real Estate | You Own or Have an Interest In | | |
| 1. Do you own o | r have any legal or equ | itable interest in any residence, l | building, land, or similar property? | | |
| No. Go to Pa ☐ Yes. Where | rt 2. e is the property? | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| | | | nicles, whether they are registered or no | | hicles you own that |
| someone eise ar | ives. ir you lease a v | enicie, also report it on S <i>chedul</i> | le G: Executory Contracts and Unexpired I | Leases. | |
| 3. Cars, vans, | trucks, tractors, sp | ort utility vehicles, motorcycl | es | | |
| ⊠ No □ Yes | | | | | |
| | • | • | nal vehicles, other vehicles, and access sels, snowmobiles, motorcycle accessories | | |
| | | | | | |
| | | | tries from Part 2, including any entries | | \$0.00 |
| pages you n | lave attached for Pa | rt 2. write that number here | | => | \$0.00 |
| Part 3: Describe | Your Personal and | Household Items | | | |
| | | quitable interest in any of the | following items? | p | urrent value of the ortion you own? o not deduct secured aims or exemptions. |
| Examples: M ☐ No | , ,, | n gs ture, linens, china, kitchenware | • | | · |
| | scribe House | hold goods, furnishina, furni | iture, linens, kitchenware and | | |
| | | | at greater than \$700 resale. | _ | \$3,000.00 |
| in 🔲 No | | ; audio, video, stereo, and digit cameras, media players, game | al equipment; computers, printers, scanne s | rs; music collectio | ns; electronic devices |

| Debtor 1 | Christopher E | E Knight | Case number (if known) | 2:24-bk-22327 |
|---------------------------------------|---|--|-------------------------------|---|
| | | Televisions, cell phones, computers, and misc. electronics. valued at greater value than \$700 resale. | No single | \$2,000.00 |
| | | figurines; paintings, prints, or other artwork; books, pictures, or othe ons, memorabilia, collectibles | r art objects; stamp, coin, | or baseball card collections; |
| | musical instr | graphic, exercise, and other hobby equipment; bicycles, pool tables, | golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| ⊠ Tes. | Describe | Golf Clubs | | \$500.00 |
| ☐ No Î | | s, shotguns, ammunition, and related equipment hand gun | | \$250.00 |
| 11. Clotho Examp ☐ No ☑ Yes. | oles: Everyday cl | othes, furs, leather coats, designer wear, shoes, accessories Necessary clothing, shoes and accessories. No single item greater than \$700 resale. | valued at | \$800.00 |
| 12. Jewel Examp ☐ No ☑ Yes. | • | welry, costume jewelry, engagement rings, wedding rings, heirloom j Misc. jewelry. including watches, rings | ewelry, watches, gems, g | old, silver \$5,000.00 |
| Examp ⊠ No □ Yes. 14. Any o ⊠ No | arm animals bles: Dogs, cats, Describe ther personal an | nd household items you did not already list, including any healt | h aids you did not list | |
| | | of all of your entries from Part 3, including any entries for pages number here | s you have attached | \$11,550.00 |
| | scribe Your Finan vn or have any I | cial Assets egal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ⊠ No É | | nave in your wallet, in your home, in a safe deposit box, and on hanc | l when you file your petition | on |
| <i>Exam</i> µ □ No | | avings, or other financial accounts; certificates of deposit; shares in of the financial accounts with the same institution, list each. Institution name: | credit unions, brokerage h | nouses, and other similar |

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Official Form 106A/B

Best Case Bankruptcy

page 2

Schedule A/B: Property

| Debtor 1 | Christopher E Knig | ght | | Case number (if known) 2 | :24-bk-22327 |
|--------------------------------------|--|--|---|---------------------------------|--|
| | | | | | |
| | 17. | 1. Checking | Chase Bank | | \$1,700.00 |
| <i>Exam</i> ⊠ No | ls, mutual funds, or pu ples: Bond funds, inves | | okerage firms, money market accounts | s | |
| _and j | publicly traded stock a | and interests in incorp | porated and unincorporated busines | sses, including an interest i | n an LLC, partnership, |
| ∏ No ⊠ Yes | · | in a Chapter 11 unde a real estate portfolio | own Management LLC currently or case #: 24-20856. Attached is of the assets and liabilities. e net worth. Plus business | % of ownership: | \$0.00 |
| Nego Non-i ⊠ No | tiable instruments includ negotiable instruments a . Give specific information | le personal checks, cas re those you cannot tra | otiable and non-negotiable instrum shiers' checks, promissory notes, and ansfer to someone by signing or delive | money orders. | |
| <i>Exam</i> □ No | . List each account sepa | RISA, Keogh, 401(k), 4 | 103(b), thrift savings accounts, or othe Institution name: | r pension or profit-sharing pla | ns |
| | IR | | US Bank | | \$19,000.00 |
| Your <i>Exan</i> ⊠ No □ Yes | ples: Agreements with I | osits you have made so andlords, prepaid rent, | o that you may continue service or use public utilities (electric, gas, water), te Institution name or individual: ney to you, either for life or for a numbe | elecommunications companies | s, or others |
| ☐ Yes | Issuer n | ame and description. | | | |
| 26 U.S <u>⊠</u> No | .C. §§ 530(b)(1), 529A(l | b), and 529(b)(1). | ualified ABLE program, or under a defended and a defended and a second and in | | am. |
| — 25. Trus ⊠ No | | interests in property (| other than anything listed in line 1), | ζ (, | cisable for your benefit |
| <i>Exam</i> ⊠ No | | ames, websites, procee | and other intellectual property ads from royalties and licensing agreer | ments | |
| <i>Exam</i> □ No | nses, franchises, and on ples: Building permits, earner Give specific information | exclusive licenses, coop | perative association holdings, liquor lic | enses, professional licenses | \$0.00 |
| | | | | | |
| Money or | property owed to you | ? | | | Current value of the portion you own? Do not deduct secured |

| Debtor 1 | Christopher E Knight | Case number (if known) | 2:24-bk-22327 |
|------------------------|--|--|----------------------------|
| | | | claims or exemptions. |
| 🛛 No | efunds owed to you Give specific information about them, including whether you already | filed the returns and the tax years | |
| ⊠ No | ly support ples: Past due or lump sum alimony, spousal support, child support, r . Give specific information | maintenance, divorce settlement, property | settlement |
| | r amounts someone owes you ples: Unpaid wages, disability insurance payments, disability benefits benefits; unpaid loans you made to someone else . Give specific information | s, sick pay, vacation pay, workers' compe | nsation, Social Security |
| _Exam | ests in insurance policies ples: Health, disability, or life insurance; health savings account (HSA | A); credit, homeowner's, or renter's insuran | ce |
| ⊠ No □ Yes | . Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| If you some ⊠ No | interest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insuratione has died. Give specific information | ance policy, or are currently entitled to rece | ive property because |
| <i>Exam</i> ⊠ No | ns against third parties, whether or not you have filed a lawsuit o ples: Accidents, employment disputes, insurance claims, or rights to some claims. | | |
| ⊠ No | r contingent and unliquidated claims of every nature, including c Describe each claim | counterclaims of the debtor and rights to | o set off claims |
| ⊠ No | financial assets you did not already list . Give specific information | | |
| | the dollar value of all of your entries from Part 4, including any e Part 4. Write that number here | | \$20,700.00 |
| Part 5: De | escribe Any Business-Related Property You Own or Have an Interest In. Li | ist any real estate in Part 1. | |
| ⊠ No. G | u own or have any legal or equitable interest in any business-related prope o to Part 6. Go to line 38. | erty? | |
| | escribe Any Farm- and Commercial Fishing-Related Property You Own or you own or have an interest in farmland, list it in Part 1. | Have an Interest In. | |
| ⊠ No. | ou own or have any legal or equitable interest in any farm- or cor Go to Part 7. s. Go to line 47. | nmercial fishing-related property? | |
| Part 7: | Describe All Property You Own or Have an Interest in That You Did Not | t List Above | |

| Debi | or 1 Christopher E Knight | | Case number (if known) | 2:24-bk-22327 | |
|-------------|--|----------------|---------------------------|---------------|-----------|
| \boxtimes | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership No Yes. Give specific information | ? | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that | at number here | | | \$0.00 |
| Part | List the Totals of Each Part of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$0.00 | | | |
| 57. | Part 3: Total personal and household items, line 15 | \$11,550.00 | | | |
| 58. | Part 4: Total financial assets, line 36 | \$20,700.00 | | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | | |
| 62. | Total personal property. Add lines 56 through 61 | \$32,250.00 | Copy personal property to | otal\$3 | 32,250.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$32,2 | 250.00 |

1. 1729 Linden Ave.

Racine, WI. 53403

- a. Value of property is \$67,000 less cost of sale at 6% is \$62,980
- b. Secured by Home Rehab Lending LLC by \$92,000
- 2. 1812 N 23rd St.

Milwaukee, WI. 53205

- a. Value of property is \$55,000 less cost of sale at 6% is \$51,700
- b. Secured by Home Rehab Lending LLC by \$50,000
- 3. 1005 Lone Tree Rd.

Elm Grove, WI. 53122

- a. Value of property is \$456,000 less cost of sale at 6% is \$428,640
- b. First mortgage secured by Home Rehab Lending LLC by \$750,000
- c. Second mortgage secured by Markos Ramirez by \$150,000
- 4. 3282 N 30th St.

Milwaukee, WI. 53204

2417 W Greenfield Ave.

Milwaukee, WI. 53204

- a. Value of property is \$105,000 less cost of sale at 6% is \$98,700
- b. Secured by Lime One Capital LLC by \$117,000
- 5. 2510 W Juneau Ave.

Milwaukee, WI. 53233

- a. Value of property is \$105,000 less cost of sale at 6% is \$98,700
- b. Secured by Lima One Capital LLC by \$117,000
- 6. 3339 W Juneau Ave.

Milwaukee, WI. 53208

420 N 29th St.

Milwaukee, WI. 53208

3919 W Cherry St.

Milwaukee, WI. 53208

1537 N 37th St.

Milwaukee, WI. 53208

1548 S 9th St.

Milwaukee, WI. 53204

- a. Value of properties is \$353,000 less cost of sale at 6% is \$331,820
- b. Secured by Lima One Capital LLC by \$447,000
- 7. 2475 W Keefe Ave.

Milwaukee, WI. 53206

3739 W Kilbourn Ave.

Milwaukee, WI. 53208

3046 N 2nd St.

Milwaukee, WI. 53208

- a. Value of properties is \$218,000 less cost of sale at 6% is \$204,920
- b. Secured by Lima One Capital LLC by \$189,000
- 8. 2728 N 37th St.

Milwaukee, WI. 53210

1556 W Mitchell St.

Milwaukee, WI. 53204

2438 N 51st St.

Milwaukee, WI. 53210

- a. Value of properties is \$304,000 less cost of sale at 6% is \$285,760
- b. Secured by Lima One Capital LLC by \$398,000
- 9. 3901 N Port Washington Rd.

Milwaukee, WI. 53212

747 S 23rd St.

Milwaukee, WI. 53204

3223 N 16th St.

Milwaukee, WI. 53206

- a. Value of properties is \$314,000 less cost of sale at 6% is \$334,043
- b. Secured by Lima One Capital LLC by \$399,000
- 10. 2963 N 36th St.

Milwaukee, WI. 53210

3920 N 22nd St.

Milwaukee, WI. 53206

1970 S 15th St.

Milwaukee, WI. 53204

- a. Value of properties is \$143,000 less cost of sale at 6% is \$134,420
- b. Secured by Lima One Capital LLC by \$235,000
- 11. 3419 W Juneau Ave

Milwaukee, WI. 53208

- a. Value of property is \$74,000 less cost of sale at 6% is \$69,560
- b. Secured by Lima One Capital LLC by \$95,000
- 12. 2729-2731 N 20th St.

Milwaukee, WI. 53206

- a. Value of property is \$32,000 less cost of sale at 6% is \$30,080
- b. Secured by Matt Happ by \$50,000
- 13. 2900 N 17th St.

Milwaukee, WI. 53206

- a. Value of property is \$37,000 less cost of sale at 6% is \$34,780
- b. Secured by Matt Happ by \$50,000

| Fill in this inform | | | | |
|---------------------|--------------------|-------------|-----------|------------------------------------|
| Debtor 1 | Christopher E Knig | | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | | | | |
| | 2:24-bk-22327 | | | |
| (if known) | | | | Check if this is an amended filing |
| | | | | |

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
|--|---|--------------------------------------|---|---|------------------------------------|--|--|--|
| | ☑ You are claiming state and federal nonbar | kruptcy exemptions. | 11 L | J.S.C. § 522(b)(3) | | | | |
| | ☐ You are claiming federal exemptions. 1 | 1 U.S.C. § 522(b)(2) | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | | |
| | Household goods, furnishing, furniture, | \$3,000.00 | \boxtimes | \$3,000.00 | Wis. Stat. § 815.18(3)(d) | | | |
| | linens, kitchenware and appliances. No single item valued at greater than \$700 resale. Line from <i>Schedule A/B</i> : 6.1 | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Televisions, cell phones, computers, | \$2,000.00 | \boxtimes | \$2,000.00 | Wis. Stat. § 815.18(3)(d) | | | |
| | and misc. electronics. No single valued at greater value than \$700 resale. Line from <i>Schedule A/B</i> : 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Golf Clubs | \$500.00 | \boxtimes | \$500.00 | Wis. Stat. § 815.18(3)(d) | | | |
| | Line from Schedule A/B: 9.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | hand gun | \$250.00 | \boxtimes | \$250.00 | Wis. Stat. § 815.18(3)(d) | | | |
| | Line from Schedule A/B: 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Necessary clothing, shoes and | \$800.00 | \boxtimes | \$800.00 | Wis. Stat. § 815.18(3)(d) | | | |
| | accessories. No single item valued at greater than \$700 resale. Line from <i>Schedule A/B</i> : 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

| Deb | tor 1 Christopher E Knight | | | Case number (if known) | 2:24-bk-22327 | |
|--|--|--|---|---|------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | portion you own Copy the value from Check only one box for each exemption. | | Specific laws that allow exemption | |
| | Misc. jewelry. including watches, rings Line from <i>Schedule A/B</i> : 12.1 | \$5,000.00 | | \$5,000.00 100% of fair market value, up to any applicable statutory limit | Wis. Stat. § 815.18(3)(d) | |
| | Chase Bank Line from <i>Schedule A/B</i> : 17.1 | \$1,700.00 | | \$1,700.00 100% of fair market value, up to any applicable statutory limit | Wis. Stat. § 815.18(3)(k) | |
| | US Bank Line from <i>Schedule A/B</i> : 21.1 | \$19,000.00 | | \$19,000.00 100% of fair market value, up to any applicable statutory limit | Wis. Stat. § 815.18(3)(j) | |
| 3. Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No No No No | | | | | | |

| Fill in this infor | rmation to identify your | case: | | | |
|---------------------|--------------------------|--------------------|-------------|---|------------------------------------|
| Debtor 1 | Christopher E Knig | ght | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT C | F WISCONSIN | _ | |
| | 2:24-bk-22327 | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

| 1. | Dο | any | creditors | have | claims | secured | by | your | proper | ty? |
|----|----|-----|-----------|------|--------|---------|----|------|--------|-----|
|----|----|-----|-----------|------|--------|---------|----|------|--------|-----|

🛮 No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☐ Yes. Fill in all of the information below.

| EW | in this inform | | | | | | | |
|-----------------------|--|---|--|---|--|---|---|---|
| FIII | in this inform | nation to identify your | case: | | | | | |
| Deb | otor 1 | Christopher E Knig | | | | | | |
| | 10 | First Name | Middle | Name Last N | ame | | | |
| | otor 2 use if, filing) | First Name | Middle | Name Last N | ame | | | |
| | . 0, | | | | | | | |
| Unit | ted States Bar | nkruptcy Court for the: | EASTER | N DISTRICT OF WISCONSI | 1 | | | |
| Cas | e number 2 | ::24-bk-22327 | | | | | | |
| (if kn | | L+ DK ZZOZI | | | | | ☐ Check | if this is an |
| | | | | | | | amend | ed filing |
| Ott | : -: - I | 4005/5 | | | | | | |
| | <u>icial Form</u> | | | | | | | 40/45 |
| Sc | hedule E | /F: Creditors W | ho Hav | e Unsecured Clair | ns | | | 12/15 |
| any e Sche Sche | executory contr dule G: Execut dule D: Credito | racts or unexpired leases ory Contracts and Unexp ors Who Have Claims Sec | that could re ired Leases ured by Prop | reditors with PRIORITY claims sult in a claim. Also list exect (Official Form 106G). Do not in erty. If more space is needed, e no information to report in a | utory contrac clude any cre copy the Par | cts on Schedule A/B: ditors with partially s t you need, fill it out, i | Property (Official For ecured claims that a number the entries ir | rm 106A/B) and on re listed in I the boxes on the |
| | | nber (if known). | , , | | , | | , p o. a, aaa | g.c., , c |
| Par | t 1: List Al | of Your PRIORITY Ur | secured C | aims | | | | |
| | ☐ No. Go to Pa | rs have priority unsecure art 2. | d claims aga | inst you? | | | | |
| | Yes. | priority upocaured alaim | a If a araditar | has more than one priority upon | oured alaim lin | at the ereditor concrete | ly for each claim. For | ach claim listed |
| | identify what typ possible, list the | pe of claim it is. If a claim ha cclaims in alphabetical orde | as both priority er according to | has more than one priority unse and nonpriority amounts, list the the creditor's name. If you have list the other creditors in Part 3. | at claim here a | and show both priority a | nd nonpriority amount | s. As much as |
| | (For an explana | tion of each type of claim, | see the instru | ctions for this form in the instruct | on booklet.) | | | |
| | | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Internal I | Revenue Service | | Look A digita of account number | | \$34,000.00 | \$34,000.00 | \$0.00 |
| 2.1 | | editor's Name | | Last 4 digits of account numb | er | Φ34,000.00 | \$34,000.00 | φυ.υυ_ |
| | PO Box | | | When was the debt incurred? | 2016 to | 2019 | | |
| | | ohia, PA 19101-7346 | | | | | | |
| | | reet City State Zip Code | | As of the date you file, the cla | m is: Check a | all that apply | | |
| | | the debt? Check one. | | ☐ Contingent | | | | |
| | ☐ Debtor 1 or | • | | ☐ Unliquidated | | | | |
| | ☐ Debtor 2 or | • | | ☐ Disputed Type of PRIORITY unsecured | oloim: | | | |
| | | nd Debtor 2 only e of the debtors and anothe | ar . | ☐ Domestic support obligations | | | | |
| | | is claim is for a commu | | ☐ Domestic support obligations ☐ Taxes and certain other debt | | government | | |
| | debt | | | ☐ Claims for death or personal | • | • | | |
| | Is the claim s ☑ No | ubject to offset? | | Other. Specify | | | | |
| | Yes | | | | | | | |
| | 7 | | | | | | | |
| | | Wisconsin Departme | nt of | | | # 500.00 | # F00.00 | #0.00 |
| 2.2 | | editor's Name | | Last 4 digits of account numb | er | \$500.00 | \$500.00 | \$0.00 |
| | PO Box | | | When was the debt incurred? | | | | |
| | Madison | , WI 53707 | | | | | • | |
| | Number St | reet City State Zip Code | | As of the date you file, the cla | m is: Check a | all that apply | | |
| | | the debt? Check one. | | ☐ Contingent | | | | |
| | □ Debtor 1 or | nly | | ☐ Unliquidated | | | | |
| | Debtor 2 or | • | | ☐ Disputed | | | | |
| | | nd Debtor 2 only | | Type of PRIORITY unsecured | | | | |
| | | e of the debtors and anothe | | ☐ Domestic support obligations | | | | |
| | ☐ Check if the debt | is claim is for a commu | nity | ☐ Taxes and certain other debt☐ Claims for death or personal | s you owe the injury while vo | government ou were intoxicated | | |
| | | ubject to offset? | | Other. Specify | ,ary willoye | | | |
| | | | | | | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 22

Official Form 106 E/F

| Debto | or 1 Christopher E Knight | | Case number (if known) | 2:24-bk-22327 | |
|-------|---|--|----------------------------------|---|--------|
| | No. You have nothing to report in this part. Submit the Yes. | nis form to the court with your other scho | edules. | | |
| ur | st all of your nonpriority unsecured claims in the asecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other as | aim. For each claim listed, identify what | type of claim it is. Do not list | claims already included in Part 1. If I | |
| ۷. | | | | Total claim | |
| 4.1 | Barclays | Last 4 digits of account number | 3850 | \$2,8 | 389.00 |
| | Nonpriority Creditor's Name PO Box 8803 | - | 2011-03 | | |
| | Wilmington, DE 19899-8803 | When was the debt incurred? | 2011-03 | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. ☑ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| | Is the claim subject to offset? ⊠ No | report as priority claims Debts to pension or profit-sharin | | ha | |
| | ☐ Yes | ☐ Debts to pension or profit-strains ☐ Other. Specify | g pians, and other similar de | suts | |
| | □ 1es | ☑ Other. Specify | | | |
| 4.2 | Capital One | Last 4 digits of account number | 1339 | \$8.0 | 038.00 |
| | Nonpriority Creditor's Name | _ ===================================== | | | |
| | PO Box 31293 | When was the debt incurred? | 2013-07 | | |
| | Salt Lake City, UT 84131-0293 | _ | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | Continuent | | | |
| | ☑ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | u 0141111 | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ⊠ No | Debts to pension or profit-sharin | g plans, and other similar de | ebts | |
| | Yes | ☑ Other. Specify | | | |
| 4.3 | Capital One | Last 4 digits of account number | 2568 | <u>\$1.2</u> | 248.00 |
| | Nonpriority Creditor's Name | | | | |
| | PO Box 31293 | When was the debt incurred? | 2021-03 | | |
| | Salt Lake City, UT 84131-0293 | - Ac of the data you file the claim | ie. Chook all that apply | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| | Is the claim subject to offset? ☑ No | report as priority claims Debts to pension or profit-sharin | a plane, and other similar de | shte | |
| | ⊠ No □ Yes | M 01 0 11 | • | | |
| | □ 100 | | | | |

| Debtor | Christopher E Knight | | Case number (if known) | 2:24-bk-22327 | |
|--------|--|---|--------------------------------|-----------------|------------|
| 4.4 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 6539 | | \$1,035.00 |
| | PO Box 31293 Salt Lake City, UT 84131-0293 | When was the debt incurred? | 2013-04 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☑ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims ☐ Debts to pension or profit-sharin ☒ Other. Specify | • | • | |
| | | | | | |
| 4.5 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 7359 | | \$1,017.00 |
| | PO Box 31293 Salt Lake City, UT 84131-0293 | When was the debt incurred? | 2013-05 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☑ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce t | hat you did not | |
| | ⊠ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify | g plans, and other similar del | ots | |
| 4.6 | Capital One | Last 4 digits of account number | 3767 | | \$816.00 |
| | Nonpriority Creditor's Name PO Box 31293 Salt Lake City, UT 84131-0293 | When was the debt incurred? | 2015-09 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☑ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Type of NONPRIORITY unsecure ☐ Student loans | d claim: | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce t | hat you did not | |
| | ⊠ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify | g plans, and other similar deb | ots | |
| | | . , | | | |

| Debtor | 1 Christopher E Knight | | Case number (if known) 2:24-bk-22 | 2327 |
|--------|---|--|--|------------|
| 4.7 | Capital One/Neiman Marcus/Bergdorf Goodm Nonpriority Creditor's Name PO Box 31293 | Last 4 digits of account number When was the debt incurred? | <u>5395</u> 2021-09 | \$3,617.00 |
| | Salt Lake City, UT 84131-0293 | When was the dept incurred? | 2021 00 | _ |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , , | | |
| | ☑ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ⊠ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ☑ Other. Specify | | _ |
| 4.8 | Capitalone | Last 4 digits of account number | 8634 | \$1,849.00 |
| | Nonpriority Creditor's Name PO Box 31293 | When was the debt incurred? | 2020-06 | _ |
| | Salt Lake City, UT 84131-0293 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | — | | |
| | ☑ Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ∑ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ☑ Other. Specify | | _ |
| 4.9 | Comenity Bank/J Crew | Lock A divite of account number | 7389 | \$1,148.00 |
| 4.9 | Nonpriority Creditor's Name | Last 4 digits of account number | 1303 | Ψ1,140.00 |
| | PO Box 182789 | When was the debt incurred? | 2019-05 | |
| | Columbus, OH 43218-2789 | | | _ |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☑ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? No. No. | report as priority claims | a plane, and other similar date. | |
| | No ∇oo | ☐ Debts to pension or profit-sharin | y pians, and other similar debts | |
| | Yes | Other. Specify | | _ |

Schedule E/F: Creditors Who Have Unsecured Claims

| Debtor | 1 Christopher E Knight | | Case number (if known) 2:24-bk-2 | 2327 |
|----------|---|---|---|--------------|
| 4.1 0 | Comenity Bank/Victoria Secret | Last 4 digits of account number | 5784 | \$792.00 |
| | Nonpriority Creditor's Name PO Box 182789 Columbus, OH 43218-2789 | When was the debt incurred? | 2021-11 | _ |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☑ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only | ☐ Contingent☐ Unliquidated☐ Disputed | | |
| | At least one of the debtors and another Check if this claim is for a community debt | Type of NONPRIORITY unsecure ☐ Student loans | | |
| | Is the claim subject to offset? ☑ No ☐ Yes | report as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did not g plans, and other similar debts | |
| | | | | |
| 4.1 1 | Comenity Bank/Victoria Secret Nonpriority Creditor's Name | Last 4 digits of account number | 5784 | \$734.00 |
| | PO Box 182789 Columbus, OH 43218-2789 | When was the debt incurred? | 2021-11 | _ |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 3 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ DisputedType of NONPRIORITY unsecure☐ Student loans | d claim: | |
| | debt Is the claim subject to offset? ☑ No | ☐ Obligations arising out of a separeport as priority claims☐ Debts to pension or profit-sharing | ration agreement or divorce that you did not | |
| | ☐ Yes | ☐ Debts to pension of profit-small. | g pians, and other similar debts | _ |
| 4.1 | Dept of Education/NeIn | Last 4 digits of account number | 4523 | \$37,944.00 |
| 2 | Nonpriority Creditor's Name PO Box 82561 | When was the debt incurred? | 2019-12 | ΨΟΓ,Ο-Ψ-1.00 |
| | Lincoln, NE 68501-2561 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | □ Debtor 1 and Debtor 2 only□ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ⊠ No □ Yes | ☐ Debts to pension or profit-sharin☐ Other. Specify | g plans, and other similar debts | _ |
| | | | | |

| Debtor | 1 Christopher E Knight | | Case number (if known) 2:24-bk-2 | 22327 |
|----------|---|--|---|-------------------|
| 4.1 | Discover Financial | Last 4 digits of account number | 2859 | \$3,870.00 |
| | Nonpriority Creditor's Name PO Box 30939 Salt Lake City, UT 84130-0939 | When was the debt incurred? | 2018-05 | <u> </u> |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes | report as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did no | ot |
| | 163 | Z Other. Specify | | |
| 4.1 4 | Eagle Moving Nonpriority Creditor's Name | Last 4 digits of account number | | \$3,300.00 |
| | 929 W Bruce St Milwaukee, WI 53204 | When was the debt incurred? | 2022 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans | d claim: | |
| | debt Is the claim subject to offset? ☑ No | ☐ Obligations arising out of a sepa report as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did no | ot |
| | ☐ Yes | | g pians, and other similar debts | |
| 4.1 | E E | | 5004 | # F 070 00 |
| 5 | Fingerhut Fetti/Webbank Nonpriority Creditor's Name | Last 4 digits of account number | 5801 | \$5,873.00 |
| | 13300 Pioneer Trl Eden Prairie, MN 55347-4120 | When was the debt incurred? | 2022-04 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☑ Debtor 1 only☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did no | ot |
| | Is the claim subject to offset? ☑ No ☐ Yes | report as priority claims ☐ Debts to pension or profit-sharin ☑ Other. Specify | g plans, and other similar debts | |

| Debtor | 1 Christopher E Knight | | Case number (if known) | 2:24-bk-22327 | |
|----------|--|---|--|---------------|------------|
| 4.1 6 | First National Bank/Legacy Nonpriority Creditor's Name 500 E 60th St N | Last 4 digits of account number When was the debt incurred? | <u>6940</u> <u>2022-01</u> | | \$937.00 |
| | Sioux Falls, SD 57104-0478 Number Street City State Zip Code Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes | As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separ report as priority claims Debts to pension or profit-sharin Other. Specify | d claim: ration agreement or divorce t | | |
| 4.1 7 | First Savings Bank | Last 4 digits of account number | 8055 | | \$1,524.00 |
| | Nonpriority Creditor's Name 500 E 60th St N Sioux Falls, SD 57104-0478 | When was the debt incurred? | 2020-08 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Yes | As of the date you file, the claim i Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a sepa report as priority claims Debts to pension or profit-sharin Other. Specify | d claim: ration agreement or divorce t | • | |
| 4.1 | First Savings Bank/Blaze Nonpriority Creditor's Name 500 E 60th St N Sioux Falls, SD 57104-0478 Number Street City State Zip Code | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim | 8456 2018-11 is: Check all that apply | | \$497.00 |
| | Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☑ Other. Specify | ration agreement or divorce t | ots | |

Debtor 1 Christopher E Knight Case number (if known) 2:24-bk-22327 Fora Financial \$4,300,000.00 Last 4 digits of account number Nonpriority Creditor's Name 622 N. Water St, Ste 400 2022 When was the debt incurred? Milwaukee, WI 53202 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ⊠ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 \$4,577.00 Goldman Sachs Bank USA 5966 Last 4 digits of account number Nonpriority Creditor's Name PO Box 6112 When was the debt incurred? 2019-08 Philadelphia, PA 19115-6112 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community ☐ Student loans debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☑ No ☐ Yes Other. Specify 4.2 Guthrie & Frey, Inc. \$6,333.38 Last 4 digits of account number Nonpriority Creditor's Name 10/15/2021 308 Universal St When was the debt incurred? Wales, WI 53183 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:

debt

☑ No

☐ Yes

☐ Student loans

report as priority claims

Other. Specify

☐ At least one of the debtors and another☐ Check if this claim is for a community

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 Christopher E Knight Case number (if known) 2:24-bk-22327 4.2 Home Rehab Lending LLC Unknown Last 4 digits of account number Nonpriority Creditor's Name 2237 N Lake Dr 10/13/2021 When was the debt incurred? Milwaukee, WI 53202 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ⊠ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 \$683.00 Infinity Healthcare Physicians Last 4 digits of account number 3301 Nonpriority Creditor's Name 1851 S Alverno Rd When was the debt incurred? 2019-06-11 Manitowoc, WI 54220-9208 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community ☐ Student loans debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☑ No ☐ Yes Other. Specify 4.2 Josh Noske \$43,900.00 Last 4 digits of account number Nonpriority Creditor's Name 9/2020 209 Choctaw Rd When was the debt incurred? Burlington, WI 53105 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt ☐ Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

Other. Specify

☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

☑ No

☐ Yes

| Kohls/Capital One Last 4 digits of account number 3858 | |
|---|----------|
| PO Box 3115 Milwaukee, WI 53201-3115 As of the date you file, the claim is: Check all that apply | \$565.00 |
| Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 8 No Debtor 9 No Debtor 9 No Debtor 1 contingent Debtor 9 No Debtor 1 contingent Debtor 1 contingent Debtor 1 contingent Debtor 1 contingent Debtor 2 conty Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 3 exparation agreement or divorce that you did not report as priority claims Debtor 1 contingent Debtor 1 contingent Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 between 2 of the debtors and another Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Contingent Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | |
| Debtor 1 and Debtor 2 only | |
| Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Provided to fisher? Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Provided to fisher is plants, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Provided to fisher is plants, and other similar debts Provided to fisher is plants, and other similar debts Provided to pension or profit-sharing plans, and other similar debts Provided the similar debts Provided to pension or profit-sharing plans, and other similar debts Provided the similar de | |
| Yes | |
| LIMA ONE CAPITAL, LLC Nonpriority Creditor's Name 201 East McBee Avenue, Suite 300 Greenville, SC 29601 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Last 4 digits of account number 5739 When was the debt incurred? 8/2023 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | |
| 201 East McBee Avenue, Suite 300 Greenville, SC 29601 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another When was the debt incurred? 8/2023 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | Unknown |
| Number Street City State Zip Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another As of the date you file, the claim is: Check all that apply ☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: | |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | |
| | |
| ☐ Check if this claim is for a community ☐ Student loans | |
| ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☑ No ☑ Debts to pension or profit-sharing plans, and other similar debts ☑ Yes ☑ Other. Specify | |
| | |
| 4.2 7 LIMA ONE CAPITAL, LLC Last 4 digits of account number 5646 Nonpriority Creditor's Name | Unknown |
| 201 East McBee Avenue, Suite 300 When was the debt incurred? 7/2023 Greenville, SC 29601 | |
| Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. | |
| ☐ Contingent | |
| ☐ Debtor 2 only ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed | |
| ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community ☐ Student loans | |
| debt ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? report as priority claims ☐ Debts to persion or profit sharing plans, and other similar debts. | |
| ☑ No☑ Debts to pension or profit-sharing plans, and other similar debts☑ Yes☑ Other. Specify | |
| ZI OUTOI. OPCORY | |

| Debto | or 1 Christopher E Knight | | Case number (if known) 2:24-bk-22327 | |
|----------|---|-------------------------------------|--|---------|
| | | | | |
| 4.2 8 | LIMA ONE CAPITAL, LLC | Last 4 digits of account number | 5480 | Unknown |
| | Nonpriority Creditor's Name | _ | | |
| | 201 East McBee Avenue, Suite 300 | When was the debt incurred? | 7/2023 | |
| | Greenville, SC 29601 | _ | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | ☑ Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? ⊠ No | report as priority claims | a plane, and other similar debte | |
| | | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ☑ Other. Specify | | |
| 4.2 | | | | |
| 9 | LIMA ONE CAPITAL, LLC | Last 4 digits of account number | _5445 | Unknown |
| | Nonpriority Creditor's Name | | | |
| | 201 East McBee Avenue, Suite 300 | When was the debt incurred? | 7/2023 | |
| | Greenville, SC 29601 | _ | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | □ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ⊠ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ☑ Other. Specify | | |
| 4.3 | | | | |
| 0 | LIMA ONE CAPITAL, LLC | Last 4 digits of account number | 3836 | Unknown |
| | Nonpriority Creditor's Name | - | | |
| | 201 East McBee Avenue, Suite 300 | When was the debt incurred? | 5/2023 | |
| | Greenville, SC 29601 | _ | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | □ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |

debt

⊠ No

☐ Yes

☐ Check if this claim is for a community

Is the claim subject to offset?

☐ Student loans

☑ Other. Specify _

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

| Debto | 1 Christopher E Knight | | Case number (if known) 2:24-bk-2 | 2327 |
|----------|--|--|--|--------------|
| 4.3 1 | LIMA ONE CAPITAL, LLC | Last 4 digits of account number | 3689 | Unknown |
| | Nonpriority Creditor's Name 201 East McBee Avenue, Suite 300 | When was the debt incurred? | 5/2023 | |
| | Greenville, SC 29601 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | □ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | t |
| | No | Debts to pension or profit-sharir | a plane, and other similar debts | |
| | ☐ Yes | · · · · · · · · · · · · · · · · · · · | g plans, and other similar debts | |
| | ☐ Yes | ☑ Other. Specify | | <u> </u> |
| 4.3 | Markos Ramirez | Last 4 digits of account number | 0066 | \$160,855.00 |
| | Nonpriority Creditor's Name | | | |
| | | When was the debt incurred? | | <u> </u> |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | □ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | t |
| | Is the claim subject to offset? | report as priority claims | | |
| | ⊠ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ☑ Other. Specify | | _ |
| 4.3 | Matt Happ | Last A dimita of account accomban | | \$145,000.00 |
| 3 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ1+3,000.00 |
| | 851 312th Ave | When was the debt incurred? | 8/2021 | |
| | Burlington, WI 53105 | when was the debt incurred: | 0,2021 | _ |
| | Number Street City State Zip Code | - As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | a ciaiii. | |
| | debt | | ration agreement or divorce that you did not | • |
| | Is the claim subject to offset? | report as priority claims | adion agreement or divorce that you did not | • |
| | ⊠ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | | | | |

☐ Yes

☑ Other. Specify

| Debtor | 1 Christopher E Knight | | Case number (if known) 2:24 | I-bk-22327 |
|--------|--|--|--------------------------------------|------------|
| 4.3 | Radiology Associates of the Fox Valley | Last 4 digits of account number | 1002 | Unknown |
| | Nonpriority Creditor's Name 333 N. Commercial Street, Suite 100 Neenah, WI 54956 | When was the debt incurred? | 4/2024 | |
| • | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you | did not |
| | ⊠ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ☐ Other. Specify | | |
| 4.3 | | | | |
| 5 | Syncb/crat Nonpriority Creditor's Name | Last 4 digits of account number | 4362 | \$2,735.00 |
| | PO Box 71746 | When was the debt incurred? | 2021-11 | |
| | Philadelphia, PA 19176 | When was the debt incurred? | 2021 11 | |
| - | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | □ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you | did not |
| | Is the claim subject to offset? ☑ No | report as priority claims | | |
| | ☐ Yes | ☐ Debts to pension or profit-sharin☑ Other. Specify | - ' | |
| | | Za Other. Openiy | | |
| 4.3 | Synah/ahay | | 0.467 | \$7,713.00 |
| | Syncb/ebay Nonpriority Creditor's Name | Last 4 digits of account number | 8467 | φτ,τ13.00 |
| | PO Box 71737 | When was the debt incurred? | 2022-05 | |
| | Philadelphia, PA 19176 | When was the debt incurred: | | |
| • | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • | | |
| | □ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you | did not |
| | Is the claim subject to offset? | report as priority claims | malana and albana (2009) at the | |
| | ⊠ No | ☐ Debts to pension or profit-sharin | g pians, and other similar debts | |
| | Yes | ☑ Other. Specify | | |
| | | | | |

| Debto | r 1 Christopher E Knight | | Case number (if known) | 2:24-bk-22327 | |
|----------|--|--|---------------------------------|-----------------|----------|
| 4.3 7 | Syncb/Harbor Freight | Last 4 digits of account number | 6465 | | \$517.00 |
| | Nonpriority Creditor's Name PO Box 71746 Philadelphia, PA 19176 | When was the debt incurred? | 2021-03 | | · . |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☑ Debtor 1 only☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce th | nat you did not | |
| | ☑ No □ Yes | ☐ Debts to pension or profit-sharin☐ Other. Specify | - · | | |
| 4.3 8 | Syncb/Mills Fleet Farm | _ Last 4 digits of account number | 4144 | | \$568.00 |
| | Nonpriority Creditor's Name PO Box 71723 Philadelphia, PA 19176 | When was the debt incurred? | 2021-10 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☑ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | • | • | |
| | ⊠ No | Debts to pension or profit-sharin | • • | | |
| | Yes | ☑ Other. Specify | | | |
| 4.3 | | | | | |
| 9 | Syncb/the Container St Nonpriority Creditor's Name | Last 4 digits of account number | 8833 | | \$933.00 |
| | PO Box 71757 Philadelphia, PA 19176 | When was the debt incurred? | 2018-10 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☑ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce th | nat you did not | |
| | ⊠ No | ☐ Debts to pension or profit-sharing | g plans, and other similar deb | ts | |
| | ☐ Yes | ☑ Other. Specify | | | |
| | | | | | |

| Debtor | 1 Christopher E Knight | | Case number (if known) | 2:24-bk-22327 | |
|----------|--|--|---|------------------|------------|
| 4.4 0 | Syncb/Walgreens Nonpriority Creditor's Name | Last 4 digits of account number | 1869 | | \$2,261.00 |
| | PO Box 71727 Philadelphia, PA 19176 | When was the debt incurred? | 2022-12 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Contingent☐ Unliquidated☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce | that you did not | |
| | ☑ No □ Yes | ☐ Debts to pension or profit-sharin☒ Other. Specify | g plans, and other similar de | ebts | |
| | | | | | |
| 4.4 1 | Synchrony Bank/Amazon Nonpriority Creditor's Name | Last 4 digits of account number | 0003 | | \$1,362.00 |
| | PO Box 71737 Philadelphia, PA 19176 | When was the debt incurred? | 2020-06 | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | • | | | |
| | □ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | • | • | |
| | ⊠ No | Debts to pension or profit-sharin | g plans, and other similar de | ebts | |
| | Yes | ☑ Other. Specify | | | |
| 4.4 | | | | | |
| 2 | Synchrony Bank/Care Credit Nonpriority Creditor's Name | Last 4 digits of account number | 0871 | | \$614.00 |
| | PO Box 71727 | When was the debt incurred? | 2021-08 | | |
| | Philadelphia, PA 19176 | when was the dept incurred? | 2021 00 | | |
| | Number Street City State Zip Code | . As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | , | , | | |
| | ☑ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ⊠ No | Debts to pension or profit-sharin | g plans, and other similar de | ebts | |
| | ☐ Yes | ☑ Other. Specify | | | |

| Debtor | Christopher E Knight | | Case number (if known) 2:24-bk-22 | 327 |
|--------|--|---|--|------------|
| 4.4 | Synchrony Bank/Hhgregg Nonpriority Creditor's Name | Last 4 digits of account number | 4889 | \$6,493.00 |
| | PO Box 71757 Philadelphia, PA 19176 | When was the debt incurred? | 2022-06 | _ |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☑ Debtor 1 only☑ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | a olalili | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ⊠ No | ☐ Debts to pension or profit-sharin | a plane, and other similar debts | |
| | Yes | | g pians, and other similar debts | _ |
| 4.4 | | | | |
| 4 | Synchrony Bank/Jcpenney | Last 4 digits of account number | 5172 | \$571.00 |
| | Nonpriority Creditor's Name | | 0000 00 | |
| | PO Box 71729 | When was the debt incurred? | 2023-02 | _ |
| | Philadelphia, PA 19176 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ⊠ No | ☐ Debts to pension or profit-sharin | • • | |
| | Yes | Other. Specify | | _ |
| 4.4 | | | | |
| 5 | Synchrony Bank/Lowes Nonpriority Creditor's Name | Last 4 digits of account number | 9039 | \$2,519.00 |
| | PO Box 71727 | When was the debt incurred? | 2022-06-02 | |
| | Philadelphia, PA 19176 | | | _ |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | □ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ⊠ No | □ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | _ |

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| Debtor | Christopher E Knight | | Case number (if known) 2:24-bk-2 | 22327 |
|----------|--|--|---|------------------|
| 4.4 | Td Retail Card Services Nonpriority Creditor's Name | Last 4 digits of account number | 4847 | \$569.00 |
| | Columbia, SC 29202 | When was the debt incurred? | 2022-09 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | □ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | | |
| | Is the claim subject to offset? ☑ No □ Yes | report as priority claims Debts to pension or profit-sharin Other. Specify | | ot |
| | | ☑ Other. Specify | | |
| 4.4 7 | Wadina family trust Nonpriority Creditor's Name | Last 4 digits of account number | | \$178.00 |
| | 10936 N. Port Washington Rd, Ste 317 | When was the debt incurred? | 7/18/2023 | |
| | Mequon, WI 53092 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☑ Debtor 1 only☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did no | ot |
| | ⊠ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify | g pians, and other similar debts | |
| 4.4 | IME E | | | #4.000.00 |
| 8 | WE Energies Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,800.00 |
| | PO Box 90001 Milwaukee, WI 53290-0001 | When was the debt incurred? | 2023 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☑ Debtor 1 only☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did no | ot |
| | ⊠ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

| Debtor 1 | Christopher E Knight | | Case number (if known) | 2:24-bk-22327 | |
|------------|--|--|---|-------------------------|---------------------|
| 4.4 | WILMINGTON SAVINGS FUND | | 7000 | | L la la accua |
| | SOCIETY Nonpriority Creditor's Name | Last 4 digits of account number | er <u>7366</u> | | Unknown |
| ; | 500 Delaware Avenue Wilmington Wilmington, DE 19801 | When was the debt incurred? | 9/2023 | | |
| _ | Number Street City State Zip Code | As of the date you file, the clai | m is: Check all that apply | | |
| • | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Type of NONPRIORITY unsecu ☐ Student loans | irea ciaim: | | |
| | debt | ☐ Obligations arising out of a se | enaration agreement or divorce | that you did not | |
| I | ls the claim subject to offset? | report as priority claims | paration agreement or arvorce | that you did not | |
| ļ | ⊠ No | □ Debts to pension or profit-sha | aring plans, and other similar de | bts | |
| | □ Yes | Other. Specify | | | |
| Part 3: | List Others to Be Notified About a D | • | at you already listed in Parts 1 | l or 2. For example, if | a collection agency |
| have m | g to collect from you for a debt you owe to s ore than one creditor for any of the debts th i for any debts in Parts 1 or 2, do not fill out | nat you listed in Parts 1 or 2, list the ac | | | |
| | d Address | On which entry in Part 1 or Part 2 did y | /ou list the original creditor? ☐ Part 1: Creditors with Priori | ty Unacquired Claims | |
| | ollect Inc | Line 4.23 of (<i>Check one</i>): | Part 2: Creditors with Nonp | | ıs |
| | Alverno Rd woc, WI 54220-9208 | | | • | |
| IVIAIIILOV | VOC, VVI 34220-9200 | Last 4 digits of account number | | | |
| Name and | d Address | On which entry in Part 1 or Part 2 did y | ou list the original creditor? | | |
| Americ | ollect, Inc | Line <u>4.23</u> of (<i>Check one</i>): | Part 1: Creditors with Priori | | _ |
| PO Box | | | ☐ Part 2: Creditors with Nonp | riority Unsecured Claim | IS |
| Manitov | voc, WI 54221-1566 | Last 4 digits of account number | | | |
| Name and | 4.044 | On which catalia Dant 4 on Dant 2 did . | | | |
| | d Address eary W. Bilka | On which entry in Part 1 or Part 2 did y Line 4.34 of (Check one): | ☐ Part 1: Creditors with Priori | ty Unsecured Claims | |
| | 8th St # 202 | <u> </u> | □ Part 2: Creditors with Nonp | riority Unsecured Claim | IS |
| Manitov | voc, WI 54220 | | | | |
| | | Last 4 digits of account number | 1002 | | |
| Name and | d Address | On which entry in Part 1 or Part 2 did y | | | |
| | cott David Nabke | Line 4.27 of (Check one): | ☐ Part 1: Creditors with Priori☐ Part 2: Creditors with Nonp | | |
| | / Diehl Rd Ste 120 | | M Fait 2. Creditors with Nonp | nonty onsecured Claim | 15 |
| Naperv | ille, IL 60563 | Last 4 digits of account number | 5646 | | |
| | | | | | |
| | d Address | On which entry in Part 1 or Part 2 did y | /ou list the original creditor? ☐ Part 1: Creditors with Priori | ty Unacquired Claims | |
| | cott David Nabke | Line 4.31 of (<i>Check one</i>): | Part 2: Creditors with Nonp | | ıs |
| | / Diehl Rd Ste 120 | | | • | |
| Naperv | ille, IL 60563 | Last 4 digits of account number | 3689 | | |
| Name and | d Address | On which entry in Part 1 or Part 2 did y | you list the original creditor? | | |
| | cott David Nabke | Line 4.26 of (Check one): | ☐ Part 1: Creditors with Priori | | |
| | / Diehl Rd Ste 120 | <u> </u> | ☑ Part 2: Creditors with Nonp | riority Unsecured Claim | IS |
| Naperv | ille, IL 60563 | | | | |
| | | Last 4 digits of account number | 5739 | | |
| Name and | d Address | On which entry in Part 1 or Part 2 did y | | | |
| Atty. Sc | cott David Nabke | Line 4.28 of (Check one): | ☐ Part 1: Creditors with Priori | | |
| | / Diehl Rd Ste 120 | | ☑ Part 2: Creditors with Nonp | riority Unsecured Claim | IS |
| Naperv | ille, IL 60563 | | | | |
| | | Last 4 digits of account number | 5480 | | |
| Name and | d Address | On which entry in Part 1 or Part 2 did y | ou list the original creditor? | | |
| | cott David Nabke | Line 4.30 of (Check one): | ☐ Part 1: Creditors with Priori | | |
| | Diehl Rd Ste 120 | | ☑ Part 2: Creditors with Nonp | riority Unsecured Claim | IS |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 18 of 22

| Debtor 1 Christopher E Knight | | Case number (if known) | 2:24-bk-22327 | |
|---|--|---|---|--|
| Naperville, IL 60563 | Last 4 digits of account number | 3836 | | |
| Name and Address Atty. Scott David Nabke 1771 W Diehl Rd Ste 120 Naperville, IL 60563 | On which entry in Part 1 or Part 2 did Line <u>4.29</u> of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priori ☑ Part 2: Creditors with Nonp | ity Unsecured Claims priority Unsecured Claims | |
| TVaperville, IL 00000 | Last 4 digits of account number | 5445 | | |
| Name and Address Barclays Attn: Bankruptcy PO Box 8801 Wilmington, DE 19899-8801 | On which entry in Part 1 or Part 2 did Line <u>4.1</u> of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priori ☐ Part 2: Creditors with Nonp | | |
| | Last 4 digits of account number | | | |
| Name and Address Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 | On which entry in Part 1 or Part 2 did Line $\underline{4.6}$ of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priori ☑ Part 2: Creditors with Nonp | | |
| | Last 4 digits of account number | | | |
| Name and Address Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 | On which entry in Part 1 or Part 2 did Line $\underline{4.5}$ of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priori ☑ Part 2: Creditors with Nonp | | |
| | Last 4 digits of account number | | | |
| Name and Address Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City LIT 84130 0285 | On which entry in Part 1 or Part 2 did Line 4.2 of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priori ☑ Part 2: Creditors with Nonp | | |
| Salt Lake City, UT 84130-0285 | Last 4 digits of account number | | | |
| Name and Address Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 | On which entry in Part 1 or Part 2 did Line 4.3 of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priori ☑ Part 2: Creditors with Nonp | | |
| Sait Lake City, 01 04 130-0200 | Last 4 digits of account number | | | |
| Name and Address Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 | On which entry in Part 1 or Part 2 did Line <u>4.4</u> of (<i>Check one</i>): | you list the original creditor? | | |
| | Last 4 digits of account number | | | |
| Name and Address Capital One/Neiman Marcus/Bergdorf Goodm Attn: Bankruptcy PO Box 30285 Selt Jako City LIT 84130 0285 | On which entry in Part 1 or Part 2 did Line $\underline{4.7}$ of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priori ☑ Part 2: Creditors with Nonp | | |
| Salt Lake City, UT 84130-0285 | Last 4 digits of account number | | | |
| Name and Address Comenity Bank/J Crew Attn: Bankruptcy PO Box 18215 Columbus, OH 43218 | On which entry in Part 1 or Part 2 did Line <u>4.9</u> of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priori ☑ Part 2: Creditors with Nonp | | |
| | Last 4 digits of account number | | | |
| Name and Address Comenity Bank/Victoria Secret Attn: Bankruptcy | On which entry in Part 1 or Part 2 did Line 4.11 of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priori ☑ Part 2: Creditors with Nonp | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor 1 Christopher E Knight | | Case number (if known) | 2:24-bk-22327 |
|--|---|--|---------------|
| PO Box 182125 Columbus, OH 43218-2125 | Last 4 digits of account number | | |
| Name and Address Comenity Bank/Victoria Secret Attn: Bankruptcy PO Box 182125 Columbus, OH 43218-2125 | On which entry in Part 1 or Part 2 did Line <u>4.10</u> of (<i>Check one</i>): | l you list the original creditor? ☐ Part 1: Creditors with Priorit ☑ Part 2: Creditors with Nonpr | |
| 000000000000000000000000000000000000000 | Last 4 digits of account number | | |
| Name and Address Discover Financial Attn: Bankruptcy PO Box 3025 New Albany, OH 43054-3025 | On which entry in Part 1 or Part 2 did Line <u>4.13</u> of (<i>Check one</i>): | l you list the original creditor? ☐ Part 1: Creditors with Priorit ☑ Part 2: Creditors with Nonpr | |
| | Last 4 digits of account number | | |
| Name and Address Fingerhut Fetti/Webbank Attn: Bankruptcy 6250 Ridgewood Rd Saint Cloud, MN 56303-0820 | On which entry in Part 1 or Part 2 did Line 4.15 of (Check one): | l you list the original creditor? ☐ Part 1: Creditors with Priorit ☑ Part 2: Creditors with Nonpr | |
| | Last 4 digits of account number | | |
| Name and Address First National Bank/Legacy Attn: Bankruptcy PO Box 5097 Sioux Falls, SD 57117-5097 | On which entry in Part 1 or Part 2 did Line 4.16 of (<i>Check one</i>): | l you list the original creditor? ☐ Part 1: Creditors with Priorit ☑ Part 2: Creditors with Nonpr | |
| | Last 4 digits of account number | | |
| Name and Address First Savings Bank Attn: Bankruptcy PO Box 5019 Signar Falls, SD 57117, 5010 | On which entry in Part 1 or Part 2 did Line <u>4.17</u> of (<i>Check one</i>): | l you list the original creditor? ☐ Part 1: Creditors with Priorit ☑ Part 2: Creditors with Nonpr | |
| Sioux Falls, SD 57117-5019 | Last 4 digits of account number | | |
| Name and Address First Savings Bank/Blaze Attn: Bankruptcy PO Box 5096 | On which entry in Part 1 or Part 2 did Line <u>4.18</u> of (<i>Check one</i>): | l you list the original creditor? ☐ Part 1: Creditors with Priorit ☑ Part 2: Creditors with Nonpr | |
| Sioux Falls, SD 57117-5096 | Last 4 digits of account number | | |
| Name and Address Goldman Sachs Bank USA Attn: Bankruptcy PO Box 70379 Philadelphia, PA 19176-0379 | On which entry in Part 1 or Part 2 did Line <u>4.20</u> of (<i>Check one</i>): | l you list the original creditor? ☐ Part 1: Creditors with Priorit ☑ Part 2: Creditors with Nonpr | |
| 1 madelpma, 177 10 170 0070 | Last 4 digits of account number | | |
| Name and Address Kohls/Capital One Attn: Credit Administrator PO Box 3043 Milwaykoo N/I 52204 2043 | On which entry in Part 1 or Part 2 did Line <u>4.25</u> of (<i>Check one</i>): | l you list the original creditor? ☐ Part 1: Creditors with Priorit ☑ Part 2: Creditors with Nonpr | |
| Milwaukee, WI 53201-3043 | Last 4 digits of account number | | |
| Name and Address Lima One Capital MFA 201 East McBee Avenue, Suite 300 Greenville, SC 29601 | On which entry in Part 1 or Part 2 did Line <u>4.49</u> of (<i>Check one</i>): | l you list the original creditor? ☐ Part 1: Creditors with Priorit ☑ Part 2: Creditors with Nonpr | |
| | Last 4 digits of account number | 7366 | |
| Name and Address Markos Ramirez | On which entry in Part 1 or Part 2 did Line 4.32 of (<i>Check one</i>): | you list the original creditor? ☐ Part 1: Creditors with Priorit ☑ Part 2: Creditors with Nonpr | |
| | Last 4 digits of account number | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debtor 1 Christopher E Knight | Case number (| if known) 2:24-DK-22321 |
|---|--|---|
| | | |
| Name and Address Syncb/ebay Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | | reditor? s with Priority Unsecured Claims s with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Syncb/Harbor Freight Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | | reditor? with Priority Unsecured Claims with Nonpriority Unsecured Claims |
| Change, i E deduction | Last 4 digits of account number | |
| Name and Address Syncb/Mills Fleet Farm Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | | reditor? s with Priority Unsecured Claims s with Nonpriority Unsecured Claims |
| Change, 1 2 32000 0000 | Last 4 digits of account number | |
| Name and Address Syncb/the Container St Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | | reditor? s with Priority Unsecured Claims s with Nonpriority Unsecured Claims |
| Change, 1 E 62666 6666 | Last 4 digits of account number | |
| Name and Address Syncb/Walgreens Attn: Bankruptcy PO Box 965060 | | reditor? s with Priority Unsecured Claims s with Nonpriority Unsecured Claims |
| Orlando, FL 32896-5060 | Last 4 digits of account number | |
| Name and Address Synchrony Bank/Amazon Attn: Bankruptcy PO Box 965060 Orlando, El 22806 5060 | On which entry in Part 1 or Part 2 did you list the original c Line <u>4.41</u> of (<i>Check one</i>): ☐ Part 1: Creditors ☐ Part 2: Creditors | reditor? s with Priority Unsecured Claims s with Nonpriority Unsecured Claims |
| Orlando, FL 32896-5060 | Last 4 digits of account number | |
| Name and Address Synchrony Bank/Care Credit Attn: Bankruptcy PO Box 965060 | | reditor? s with Priority Unsecured Claims s with Nonpriority Unsecured Claims |
| Orlando, FL 32896-5060 | Last 4 digits of account number | |
| Name and Address Synchrony Bank/Hhgregg Attn: Bankruptcy PO Box 965060 | | reditor? s with Priority Unsecured Claims s with Nonpriority Unsecured Claims |
| Orlando, FL 32896-5060 | Last 4 digits of account number | |
| Name and Address Synchrony Bank/Jcpenney Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | | reditor? s with Priority Unsecured Claims s with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 | | reditor? s with Priority Unsecured Claims s with Nonpriority Unsecured Claims |
| • | Look A. disease of a consent mount in a | |

Last 4 digits of account number

Schedule E/F: Creditors Who Have Unsecured Claims

Official Form 106 E/F

Debtor 1 Christopher E Knight Case number (if known) 2:24-bk-22327

Name and Address Td Retail Card Services MS BT PO Box 9475 Minneapolis, MN 55440-9475 On which entry in Part 1 or Part 2 did you list the original creditor? Line $\underline{4.46}$ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|--------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 34,500.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 34,500.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 37,944.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 4,729,930.38 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 4,767,874.38 |

| Debtor 1 | Christopher E k | Knight | | |
|---------------------|-----------------|-------------|-----------|------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | 2:24-bk-22327 | | | _ |
| | 2:24-bk-22327 | | | _ |
| (if known) | | | | Check if this is an amended filing |

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. ☑ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for Name, Number, Street, City, State and ZIP Code 2.1 **Toyota Financial Services** Installment account opened 02/01/2021 PO Box 259001 Credit Limit: ?52,843.00, Remaining Balance: ?16,513.00 Attn: Bankruptcy Plano, TX 75025-9001

| Fill in this | information to identify your | case: | | | |
|------------------------------|--|---|--------------------------|---|---|
| Debtor 1 | Christopher E Kni | ght Middle Name | Last Name | | |
| Debtor 2 | i list ivallie | Middle Name | Last Name | | |
| (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | EASTERN DISTRICT OF | WISCONSIN | | |
| Case numl (if known) | ber <u>2:24-bk-22327</u> | | | | ☐ Check if this is an amended filing |
| | l Form 106H lule H: Your Cod | ebtors | | | 12/15 |
| people are fill it out, a | filing together, both are equ | ally responsible for supple boxes on the left. Attach | ying correct informat | ion. If more space is r | ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, d | o not list either spouse | as a codebtor. | |
| ⊠ No □ Yes | 3 | | | | |
| | hin the last 8 years, have yo a, California, Idaho, Louisiana | | • | | ty states and territories include |
| | Go to line 3. s. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| | ⊠ No □ Yes. | | | | |
| | In which community sta | e or territory did you live? | -NONE- | . Fill in the name a | nd current address of that person. |
| in line Form | 2 again as a codebtor only | o Code tors. Do not include your s if that person is a guaranto | or or cosigner. Make | sure you have listed t | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | Name | | | _ Schedule D, lin □ Schedule E/F, l □ Schedule G, lin | ine |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | Name | | | Schedule D, lin | ine |
| | Number Street City | State | ZIP Code | _ | |

Schedule H: Your Codebtors

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| Fill | in this information to identify your c | ase: | | | | | |
|---------------|---|---|---|--------------------------------|---------------------------------------|---|------|
| | otor 1 Christopher I | | | | | | |
| | otor 2 use, if filing) | | | | | | |
| Unit | ted States Bankruptcy Court for the | : EASTERN DISTRICT | OF WISCONSIN | | | | |
| Cas (If kn | <u>2:24-bk-22327</u> own) | | - | | | d filing ent showing postpetition chapt as of the following date: | er |
| Of | fficial Form 106I | | | | MM / DD/ Y | | |
| | chedule I: Your Inc | ome | | | IVIIVI / DD/ Y | | 2/15 |
| supp spoi | s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not fili or spouse is not filing w | ng jointly, and your s ith you, do not includ | pouse is livi le informatio | ng with you, incl n about your spo | ude information about your ouse. If more space is neede | ed, |
| 1. | Fill in your employment information. | | Debtor 1 | | Debtor 2 | or non-filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ☑ Employed☑ Not employed | | ☐ Emplo | pyed | |
| | employers. Include part-time, seasonal, or self-employed work. | Occupation | Owner | | | | |
| | Occupation may include student | Employer's name | East Town Manag | gement LLC | | | |
| | or homemaker, if it applies. | Employer's address | 13500 Watertown Elm Grove, WI 53 | | | | |
| | | How long employed t | here? 13 years | i | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | |
| | mate monthly income as of the da ss you are separated. | ite you file this form . If y | ou have nothing to repo | ort for any line | e, write \$0 in the sp | ace. Include your non-filing sp | ouse |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all emplo | yers for that perso | n on the lines below. If you ne | ed |
| | | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. \$_ | 0.00 | \$N/A_ | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. +\$_ | 0.00 | +\$ <u>N/A</u> | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. \$_ | 0.00 | \$N/A | |

Official Form 106I

| | | | | For | Debtor 1 | For Debto | |
|------------|-----------------|--|----------|-----|---------------|--------------------|-------------------------|
| | Сору | line 4 here | 4. | \$ | 0.00 | \$ | N/A |
| 5 . | List a | all payroll deductions: | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | <u>N/A</u> |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A |
| | 5h. | Other deductions. Specify: | _ 5h.+ | \$ | 0.00 + | \$ | <u>N/A</u> |
| 3. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | N/A |
| 7. | Calcı | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A |
| | 8a. | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 6,420.00 | \$ | N/A |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | N/A |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | <u>N/A</u> |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A |
| | 8g. | Pension or retirement income | _ 8g. | \$ | 0.00 | \$ | N/A |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | \$ | 0.00 + | \$ | N/A |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 6,420.00 | \$ | N/A |
| 10. | | ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | (| 5,420.00 + \$ | N/A | = \$ 6,420.00 |
| 11. | Includ other | all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a lify: | depen | | | d in <i>Schedu</i> | le J. +\$0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines | | | • | | \$6,420.00 |
| | | | | | | | Combined monthly income |
| 13. | Do yo | ou expect an increase or decrease within the year after you file this form' No. Yes Explain: | ? | | | | |

| | in the information to information | | • | | |
|--------------|--|--|------------------|-----------------------------------|------------------------------|
| | n this information to identify your case: | | | | |
| Debt | tor 1 Christopher E Knight | | Che | ck if this is: An amended filing | |
| Debt | - | | | A supplement show | ving postpetition chapter 13 |
| (Spo | ouse, if filing) | | | expenses as of the | e following date: |
| Unite | ed States Bankruptcy Court for the: <u>EASTERN DISTRICT OF V</u> | WISCONSIN | | MM / DD / YYYY | |
| Case | e number <u>2:24-bk-22327</u> | | | | |
| (If kr | nown) | | | | |
| | | | _ | | |
| <u>Of</u> | ficial Form 106J | | | | |
| Sc | chedule J: Your Expenses | | | | 12/1: |
| info | as complete and accurate as possible. If two married per ormation. If more space is needed, attach another sheet to anown). Answer every question. | | | | |
| Part | | | | | |
| 1. | Is this a joint case? ☑ No. Go to line 2. | | | | |
| | Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Ex</i> | nenses for Senarate Hous | ehold of Del | otor 2 | |
| 2. | Do you have dependents? | periode for Coparate Frede | 0,70,4 0, 50, | 7.01 2. | |
| ۷. | Do not list Debtor 1 and Yes. Fill out this information | on for Dependent's rela | tionshin to | Dependent's | Does dependent |
| | Debtor 2. each dependent | • | | age | live with you? |
| | Do not state the dependents names. | Son | | 12 | □ No ⊠ Yes |
| | черепчента натнез. | | | | □ No |
| | | daughter | | 4 | ⊠ Yes □ No |
| | | daughter | | 8 mos | ⊠ Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include ⊠ No expenses of people other than □ Yes | | | | |
| | yourself and your dependents? | | | | |
| Part Esti | Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless as of a date after the bankruptcy is filed. If this is | nless you are using this a supplemental Schedul | form as a s | upplement in a Ch | apter 13 case to report |
| | licable date. | | , | | |
| | ude expenses paid for with non-cash government assist | | | | |
| | ue of such assistance and have included it on <i>Schedule</i> icial Form 106l.) | I: Your Income | | Your exp | enses |
| • | , | | | | |
| 4. | The rental or home ownership expenses for your residence payments and any rent for the ground or lot. | ence. Include first mortgag | ge 4. : | 6 | 4,900.00 |
| | If not included in line 4: | | | · | |
| | | | | | 0.00 |
| | 4a. Real estate taxes4b. Property, homeowner's, or renter's insurance | | 4a. 3 4b. 3 | \$ | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | | 300.00 |
| 5 | 4d. Homeowner's association or condominium dues | h ao hama aguity lagna | 4d. | | 0.00 |
| 5. | Additional mortgage payments for your residence, such | n as nome equity loans | 5. | <u> </u> | 0.00 |
| 6. | Utilities: | | 0 - | r | 400.00 |
| | 6a. Electricity, heat, natural gas6b. Water, sewer, garbage collection | | 6a. \$ 6b. \$ | | |
| | 6c. Telephone, cell phone, Internet, satellite, and cable s | services | 6c. | | 350.00 |
| | 6d. Other. Specify: | | 6d. : | \$ | 0.00 |

Official Form 106J Schedule J: Your Expenses Case 24-22327-rmb Doc 10 Filed 05/09/24 Page 40 of 60

| Debtor 1 Christopher E Knight C | case number (if known) | 2:24-bk-22327 |
|---|---|-------------------------------|
| 7. Food and housekeeping supplies | 7. \$ | 1,000.00 |
| 8. Childcare and children's education costs | 8. \$ | 1,200.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$ | 300.00 |
| 10. Personal care products and services | 10. \$ | 200.00 |
| 11. Medical and dental expenses | 11. \$ | 200.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. | | |
| Do not include car payments. | 12. \$ | 0.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 100.00 |
| 14. Charitable contributions and religious donations | 14. \$ | 0.00 |
| 15. Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20.15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 130.00 |
| 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | | 0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: | 17c. \$ | 0.00 |
| 17d. Other. Specify: | 17d. \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ | 0.00 |
| 19. Other payments you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | 19. | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedu | | 0.00 |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. Other: Specify: | 21. +\$ | 0.00 |
| 22. Calculate your monthly expenses 22a. Add lines 4 through 21. | \$ | 9,080.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 9,080.00 |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 6,420.00 |
| 23b. Copy your monthly expenses from line 22c above. | 23a. \$ 23b\$ | 9,080.00 |
| 200. Copy your monany expenses nom and 220 above. | 230φ | 9,000.00 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ | -2,660.00 |
| 24. Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? ☑ No. ☐ Yes. Explain here: | file this form? nortgage payment to incr | ease or decrease because of a |
| ш тоо. | | |

Official Form 106J Schedule J: Your Expenses page 2

| Fill in this infor | mation to identify yo | ur case: | | | |
|--|--|---|---|---|------------------------------------|
| Debtor 1 | Christopher E K | | | | |
| Doblor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the | e: EASTERN DISTRICT | Γ OF WISCONSIN | | |
| Case number | 2:24-bk-22327 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official Forr | m 106Dec | | | | |
| Declarat | tion About | an Individua | al Debtor's Sc | hedules | 12/1 |
| obtaining mone | | d in connection with a ba | | . Making a false statement, co n fines up to \$250,000, or imp | |
| obtaining mone years, or both. 1 | y or property by frau | d in connection with a ba | | | |
| obtaining mone years, or both. 1 Sig | y or property by frau 18 U.S.C. §§ 152, 1341 In Below | d in connection with a ba | | n fines up to \$250,000, or imp | |
| obtaining mone years, or both. 1 Sig | y or property by frau 18 U.S.C. §§ 152, 1341 In Below | d in connection with a ba | ankruptcy case can result ii | n fines up to \$250,000, or imp | |
| obtaining mone years, or both. 1 Sig Did you pa | y or property by frau 18 U.S.C. §§ 152, 1341 In Below | d in connection with a ba | ankruptcy case can result ii | n fines up to \$250,000, or imp ankruptcy forms? Attach Bankruptcy Pe | |
| obtaining mone years, or both. 1 Sig Did you pa No Yes. Under pena | y or property by fraud 18 U.S.C. §§ 152, 1341 In Below ay or agree to pay sou | d in connection with a ba 1, 1519, and 3571. meone who is NOT an at | ankruptcy case can result ii | n fines up to \$250,000, or imp ankruptcy forms? Attach Bankruptcy Pe Declaration, and Sign | etition Preparer's Notice, |
| obtaining mone years, or both. 1 Sig Did you pa No Yes. Under pena that they ar | y or property by fraud 18 U.S.C. §§ 152, 1341 In Below ay or agree to pay so Name of person alty of perjury, I decla | d in connection with a ba 1, 1519, and 3571. meone who is NOT an at | ankruptcy case can result in | n fines up to \$250,000, or imp ankruptcy forms? Attach Bankruptcy Pe Declaration, and Sign | etition Preparer's Notice, |
| Did you pa No Yes. Under penathat they ar X /s/ Chr Christo | y or property by fraud 18 U.S.C. §§ 152, 1341 In Below ay or agree to pay soo Name of person alty of perjury, I declare true and correct. | d in connection with a ba 1, 1519, and 3571. meone who is NOT an at | ankruptcy case can result in torney to help you fill out b ummary and schedules filed | n fines up to \$250,000, or implemental services and services forms? Attach Bankruptcy Performation, and Signary and with this declaration and | etition Preparer's Notice, |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fil | l in this informa | tion to identify you | r case: | | | |
|-------------|---------------------------------------|--|--|---|--|---|
| De | btor 1 | Christopher E Kn | ight | | | |
| _ | | First Name | Middle Name | Last Name | | |
| | ebtor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bank | ruptcy Court for the: | EASTERN DISTRICT OF | WISCONSIN | | |
| Ca | se number 2:2 | 24-bk-22327 | | | | |
| (if k | nown) | | | | _ | Check if this is an amended filing |
| _ | ss: . . | – | | | | |
| | <u>fficial Forr</u> | | | | | |
| St | atement c | of Financial A | Affairs for Individ | duals Filing for E | Bankruptcy | 04/22 |
| info nur | ormation. If mo mber (if known). | ore space is needed Answer every ques | ble. If two married people a l, attach a separate sheet to stion. rrital Status and Where You | this form. On the top of a | | |
| 1. | What is your o | current marital statu | ıs? | | | |
| | ☐ Married ☐ Not marrie | ed | | | | |
| 2. | During the las | t 3 years, have you | lived anywhere other than | where you live now? | | |
| | No Yes. List a | all of the places you l | ived in the last 3 years. Do no | ot include where you live nov | v. | |
| | Debtor 1: | | Dates Debtor 1 | Debtor 2 Prior Ad | ddress: | Dates Debtor 2 |
| 3. | | | /er live with a spouse or leg | | | ory? (Community property |
| stat | tes and territories | s include Arizona, Ca | lifornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto F | dico, Texas, Washington and | Wisconsin.) |
| | No ☐ Yes. Make | e sure you fill out S <i>ch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pa | rt 2 Explain | the Sources of You | r Income | | | |
| 4. | Fill in the total a | amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | :-time activities. | endar years? |
| | ☐ No ☑ Yes. Fill in | n the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | f current year until for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$104,680.00 | ☐ Wages, commissions, bonuses, tips | |
| | - | - - | Operating a business | | ☐ Operating a business | |
| | r last calendar y anuary 1 to Dece | year: ember 31, 2023) | ☐ Wages, commissions, bonuses, tips | \$323,020.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | | | | Debtor 1 | | | | Debtor 2 | | |
|----|-------------------------------------|--|---|--|--|--|---|--|---|--|
| | | | | | of income | Gros | s income | Sources o | f income | Gross income |
| | | | | | that apply. | (befo | re deductions and sions) | Check all t | | (before deductions and exclusions) |
| | | dar year be December | | ☐ Wages bonuses, | s, commissions, tips | | \$607,098.00 | ☐ Wages, bonuses, ti | commissions, ps | |
| | | | | | ting a business | | | ☐ Operati | ng a business | |
| 5. | Include include and other winnings. | come regard public bene If you are fil | dless of whether fit payments; p ing a joint case | er that inco ensions; re e and you l | ome is taxable. Exa ental income; inter have income that y | amples or rest; divi | | alimony; child ected from laws t only once und | uits; royalties; a er Debtor 1. | Security, unemployment, nd gambling and lottery |
| | ☐ Yes. | Fill in the de | etails. | | | | | | | |
| | | | | Debtor 1 | | | | Debtor 2 | | |
| | | | | | of income pelow. | each (befo | s income from source re deductions and sions) | Sources of Describe b | | Gross income (before deductions and exclusions) |
| 6. | Are either No. No. | Neither Deindividual During the | ebtor 1 nor Deprimarily for a positive for a positive for a positive for a positive for 2 or Debtor 2 or Debtor 2 or primarily for Debtor 2 or primarily for Debtor 2 or primarily for Debtor 2 or positive for 2 | ebtor 2 has personal, for e you filed ach creditor ditor. Do no payments to on 4/01/25 | for bankruptcy, di for bankruptcy, di or to whom you pai ot include paymer o an attorney for the of and every 3 year e primarily consu | umer de ld purpo id you pa id a tota nts for do his bank is after th | bts. Consumer delese." ay any creditor a too of \$7,575* or more omestic support obl ruptcy case. nat for cases filed o | tal of \$7,575* o e in one or mor ligations, such on or after the d | r more? e payments and as child support ate of adjustmer | 01(8) as "incurred by an the total amount you and alimony. Also, do it. |
| | | □ No. □ Yes | | nents for d | omestic support o | | of \$600 or more alls, such as child su | | | at creditor. Do not include payments to an |
| | Creditor' | s Name and | d Address | | Dates of payme | ent | Total amount paid | Amount you | | payment for |
| 7. | Insiders in corporatio including of | clude your i ns of which | relatives; any g you are an offi | jeneral par cer, direct | tners; relatives of or, person in contr | any ger ol, or ov | | nerships of whice e of their voting | ch you are a gen securities; and | |
| | ☐ Yes. | List all payr | nents to an ins | ider. | | | | | | |
| | Insider's | Name and | Address | | Dates of payme | ent | Total amount paid | Amount ye still ov | | or this payment |
| | | | | | | | | | | |

| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | yments or transfer any property on a | account of a debt that benefited an |
|----|---|---------------------------|---|---|
| | NoYes. List all payments to an insider | | | |
| | Insider's Name and Address | Dates of payment | Total amount Amount you paid still owe | Reason for this payment Include creditor's name |
| Pa | rt 4: Identify Legal Actions, Repossession | ns and Foreclosures | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | cy, were you a party in a | | |
| | NoYes. Fill in the details. | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of the case |
| | Milwaukee County Case Number 2023CV007366 WILMINGTON SAVINGS FUND SOCIET C/O Lima One Capital MFA vs. CHRISTOPHER E. KNIGHT et al 2023CV007366 | Civil | Milwaukee County Circuit Court 901 N 9th St Ste 104 Milwaukee, WI 53233-1425 | ☐ Pending ☐ On appeal ☐ Concluded |
| | Milwaukee County Case Number 2023CV005739 LIMA ONE CAPITAL, LLC vs. CHRISTOPHER KNIGHT et al 2023CV005739 | Civil | Milwaukee County Circuit Court 901 N 9th St Ste 104 Milwaukee, WI 53233-1425 | ☐ Pending ☐ On appeal ☐ Concluded |
| | Milwaukee County Case Number 2023CV005646 LIMA ONE CAPITAL, LLC vs. CHRISTOPHER EDWARD KNIGHT et al 2023CV005646 | Civil | Milwaukee County Circuit Court 901 N 9th St Ste 104 Milwaukee, WI 53233-1425 | ☐ Pending ☐ On appeal ☐ Concluded |
| | Milwaukee County Case Number 2023CV005480 LIMA ONE CAPITAL, LLC vs. EAST TOWN MANAGEMENT, LLC et al 2023CV005480 | Civil | Milwaukee County Circuit Court 901 N 9th St Ste 104 Milwaukee, WI 53233-1425 | ☐ Pending ☐ On appeal ☐ Concluded |
| | Milwaukee County Case Number 2023CV005445 LIMA ONE CAPITAL, LLC vs. CHRISTOPHER KNIGHT et al 2023CV005445 | Civil | Milwaukee County Circuit Court 901 N 9th St Ste 104 Milwaukee, WI 53233-1425 | Pending On appeal Concluded |
| | Milwaukee County Case Number 2023CV003836 LIMA ONE CAPITAL, LLC vs. CHRISTOPHER KNIGHT e 2023CV003836 | Civil | Milwaukee County Circuit Court 901 N 9th St Ste 104 Milwaukee, WI 53233-1425 | Pending On appeal Concluded |
| | Milwaukee County Case Number 2023CV003689 LIMA ONE CAPITAL, LLC vs. CHRISTOPHER KNIGHT et al 2023CV003689 | Civil | Milwaukee County Circuit Court 901 N 9th St Ste 104 Milwaukee, WI 53233-1425 | ☐ Pending ☐ On appeal ☐ Concluded |

| 10. | Within 1 year before you filed for bankru Check all that apply and fill in the details be | ptcy, was any of your property repossessed, foreclosed low. | d, garnished, attache | d, seized, or levied? |
|-----|---|---|--------------------------|---------------------------------------|
| | No. Go to line 11.Yes. Fill in the information below. | | | |
| | Creditor Name and Address | Describe the Property | Date | Value of the property |
| | | Explain what happened | | p p |
| | State of Wisconsin Department of | \$1,100 | Multiple dates | \$1,100.00 |
| | Revenue PO Box 8901 | ☐ Property was repossessed. | over the last 1 year | |
| | Madison, WI 53708-8901 | Property was foreclosed. | year | |
| | | ☐ Property was garnished.☒ Property was attached, seized or levied. | | |
| | | A Froperty was attached, scized or levied. | | |
| | Lexus Financial | 2021 Lexus RX350 | 2/24 | \$34,000.00 |
| | | ☑ Property was repossessed. | | |
| | | ☐ Property was foreclosed. ☐ Property was garnished. | | |
| | | ☐ Property was attached, seized or levied. | | |
| | | | | |
| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment b ○ No ○ Yes. Fill in the details. | ruptcy, did any creditor, including a bank or financial in ecause you owed a debt? | stitution, set off any | amounts from your |
| | Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
| | court-appointed receiver, a custodian, o No Yes | | | |
| Pa | t 5: List Certain Gifts and Contribution | S | | |
| 13. | Within 2 years before you filed for bankr ☑ No ☐ Yes. Fill in the details for each gift. | uptcy, did you give any gifts with a total value of more t | than \$600 per person | ? |
| | Gifts with a total value of more than \$60 per person | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14 | Within 2 years before you filed for bankr | uptcy, did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? |
| | NoYes. Fill in the details for each gift or c | | | , , , , , , , , , , , , , , , , , , , |
| | Gifts or contributions to charities that | | Dates you | Value |
| | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | a) | contributed | |
| Do | | | | |
| Pa | rt 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankru disaster, or gambling? | ptcy or since you filed for bankruptcy, did you lose any | thing because of the | ft, fire, other |
| | NoYes. Fill in the details. | | | |
| | Describe the property you lost and | Describe any insurance coverage for the loss | Date of your | Value of property |
| | how the loss occurred | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | loss | lost |
| | | | | |

Debtor 1 Christopher E Knight

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Best Case Bankruptcy

Case number (if known) 2:24-bk-22327

Christopher E Knight Case number (if known) 2:24-bk-22327 Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No \boxtimes Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of payment Address transferred or transfer was **Email or website address** made Person Who Made the Payment, if Not You Bankruptcy Law Office of Richard A Attorney Fees for Chapter 13 and Chapter \$4,500.00 11/15/23 Check 7 filing 757 N **BROADWAY SUITE 401** Milwaukee, WI 53202 court@richardacheck.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property **Date payment** Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was **Address** property transferred payments received or debts made paid in exchange Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

⊠ No

Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred Last balance before closing or transfer

Official Form 107

| Deb | otor 1 Christopher E Knight | | Case number (if known) | 2:24-bk-22327 | 7 |
|-----|--|---|-----------------------------|------------------|-----------------------|
| | | | | | |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | before you filed for bankruptcy, | any safe deposit box or | other depositor | ry for securities, |
| | NoYes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | | Do you still have it? |
| 22. | Have you stored property in a storage unit or pl | ace other than your home within | 1 year before you filed for | or bankruptcy? | |
| | ☑ No☑ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for S | Someone Else | | | |
| 23. | Do you hold or control any property that someo for someone. | ne else owns? Include any propo | erty you borrowed from, | are storing for, | or hold in trust |
| | NoYes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | | Value |
| Par | t 10: Give Details About Environmental Informa | ation | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub | r, land, soil, surface water, groui estances, wastes, or material. | ndwater, or other mediun | n, including sta | tutes or |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal Hazardous material means anything an environmental material, pollutant, contaminant, or s | sites. mental law defines as a hazardou | - | - | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of who | en they occurred. | | |
| 24. | Has any governmental unit notified you that you | ı may be liable or potentially liab | le under or in violation o | f an environme | ntal law? |
| | NoYes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | Environmental law know it | , if you | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | |
| | ☑ No☐ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | Environmental law know it | , if you | Date of notice |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any en | vironmental law? Include | e settlements a | nd orders. |
| | NoYes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | | Status of the case |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | otor 1 | Christopher E Knight | Ca | ase number (if | known) 2 | :24-bk-22327 |
|-------------------|------------------------------|---|--|-----------------|---------------|-------------------------------|
| | | | | | | |
| Do | 4 4 4 4 . | Cive Details About Vous Business on | Connections to Any Business | | | |
| Par | τ 11: | Give Details About Your Business or | Connections to Any Business | | | |
| 27. | Withi | n 4 years before you filed for bankrup | tcy, did you own a business or have any o | f the following | ng connec | ctions to any business? |
| | [| A sole proprietor or self-employed | in a trade, profession, or other activity, eit | her full-time | or part-tir | ne |
| | | oxtimes A member of a limited liability com | pany (LLC) or limited liability partnership (| LLP) | | |
| | [| ☐ A partner in a partnership | | | | |
| | [| \square An officer, director, or managing ex | xecutive of a corporation | | | |
| | [| \square An owner of at least 5% of the votin | ng or equity securities of a corporation | | | |
| | | No. None of the above applies. Go to | Part 12. | | | |
| | × | Yes. Check all that apply above and fi | II in the details below for each business. | | | |
| | Busi | ness Name | Describe the nature of the business | Employer | Identifica | tion number |
| | Addi | ress per, Street, City, State and ZIP Code) | Name of accountant or backlessor | Do not inc | lude Soci | ial Security number or ITIN. |
| | (144111) | oci, oneci, ony, onate and En Gode, | Name of accountant or bookkeeper | Dates bus | iness exis | sted |
| | East | t Town Management LLC | Real Estate Holding and | EIN: | 20-4286 | 269 |
| | 1350 | 00 WaterTown Plank Rd | Management Company. currently | From To | = 100111 | |
| | Elm | Grove, WI 53122 | in a Chapter 11. Debtor received \$26,000 PPP money which was | From-To | 7/2011 t | o Present |
| | | | used appropriately and the money | | | |
| | | | was forgiven | | | |
| | | | Dawy Caldraga | | | |
| | | | Barry Goldman | | | |
| 28. | instit | n 2 years before you filed for bankrup utions, creditors, or other parties. No | tcy, did you give a financial statement to a | inyone about | t your bus | siness? Include all financial |
| | | Yes. Fill in the details below. | | | | |
| | Nam | | Date Issued | | | |
| | Addı (Numl | ress per, Street, City, State and ZIP Code) | | | | |
| Dar | + 12- | Sign Below | | | | |
| rai | L 12. | olgii below | | | | |
| are twith | true ai a ban J.S.C. (| nd correct. I understand that making a kruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571. | nancial Affairs and any attachments, and I a false statement, concealing property, or c \$250,000, or imprisonment for up to 20 ye | btaining mo | | |
| | | opher E. Knight her E Knight | Signature of Debtor 2 | | | |
| | | e of Debtor 1 | Signature of Debtor 2 | | | |
| _ | | | D. C. | | | |
| Dat | :e <u> </u> | Лау 8, 2024 | Date | | | |
| Did ⊠ N □ Y | lo | tach additional pages to Your Statem | ent of Financial Affairs for Individuals Filin | ng for Bankru | ıptcy (Offi | icial Form 107)? |
| Did ⊠ N | | ay or agree to pay someone who is no | ot an attorney to help you fill out bankrupto | y forms? | | |
| | | ame of Person Attach the Bankro | uptcy Petition Preparer's Notice, Declaration, | and Signature | e (Official F | Form 119). |
| - | | | · · · · · · · · · · · · · · · · · · · | • | • | <i>,</i> |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill i | n this information to identify your case: | | | s directed in this form and | in Form |
|----------------|---|---|--|---|-------------------------------------|
| Deb | tor 1 Christopher E Knight | 11 | 22A-1Supp: | | |
| Deb | tor 2 | | ☐ 1. There is no p | resumption of abuse | |
| | use, if filing) | | | on to determine if a presun | nption of abuse |
| Unit | ed States Bankruptcy Court for the: Eastern District of | Wisconsin | applies will b | e made under <i>Chapter 7 N</i> Official Form 122A-2). | • |
| Cas (if knd | e number <u>2:24-bk-22327</u> _{own)} | | | est does not apply now be tary service but it could ap | |
| | | | ☐ Check if this | is an amended filing | |
| <u>Off</u> | <u> icial Form 122A - 1</u> | | | | |
| Ch | apter 7 Statement of Your Cur | rent Monthly Inc | come | | 12/19 |
| a sep numb | a complete and accurate as possible. If two married people a arate sheet to this form. Include the line number to which the line form. Include the line number to which the left (if known). If you believe that you are exempted from a pury service, complete and file Statement of Exemption from It. Calculate Your Current Monthly Income | e additional information applier resumption of abuse because y | s. On the top of any a ou do not have prima | dditional pages, write your r rily consumer debts or beca | name and case nuse of qualifying |
| 1. | What is your marital and filing status? Check one or | ıly. | | | |
| | Not married. Fill out Column A, lines 2-11. | | | | |
| | Married and your spouse is filing with you. Fill ou | | s 2-11. | | |
| | ☐ Married and your spouse is NOT filing with you.☐ Living in the same household and are not legal | • | Columns A and R. lin | es 2-11 | |
| | Living separately or are legally separated. Fill | • | | | u declare under |
| | penalty of perjury that you and your spouse are le | gally separated under nonbar | nkruptcy law that app | olies or that you and your s | pouse are living |
| - | apart for reasons that do not include evading the | • | | · | 10005404/404 |
| Fo ac | ill in the average monthly income that you received from all s or example, if you are filing on September 15, the 6-month perioc dd the income for all 6 months and divide the total by 6. Fill in the intal property, put the income from that property in one column o | would be March 1 through August result. Do not include any income | st 31. If the amount of y e amount more than or | our monthly income varied du nce. For example, if both spous | ring the 6 months, |
| | | | Column A | Column B | |
| | | | Debtor 1 | Debtor 2 or | |
| 2 | Your gross wages, salary, tips, bonuses, overtime, | and commissions (hefore al | ı | non-filing spouse | |
| ۷. | payroll deductions). | and commissions (before an | ' \$ | \$ | |
| 3. | Alimony and maintenance payments. Do not include | payments from a spouse if | | | |
| 4 | Column B is filled in. | aid for bougabold avecage | \$ | _ \$ | |
| 4. | All amounts from any source which are regularly pa of you or your dependents, including child support. | | | | |
| | from an unmarried partner, members of your household | | | | |
| | and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | ouse only if Column B is not | \$ | \$ | |
| 5. | Net income from operating a business, profession, | or farm | | | |
| | • | Debtor 1 | | | |
| | Gross receipts (before all deductions) | \$ | | | |
| | Ordinary and necessary operating expenses | -\$ | | | |
| | Net monthly income from a business, profession, or far | m \$ Copy here - | >\$ | _ \$ | |
| 6. | Net income from rental and other real property | | | | |
| | | Debtor 1 | | | |
| | Gross receipts (before all deductions) | \$ | | | |
| | Ordinary and necessary operating expenses | -\$ | . • | • | |
| | Net monthly income from rental or other real property | \$ Copy here - | | _ \$ | |
| 7. | Interest, dividends, and royalties | | \$ | Φ | |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

| | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|------|---|------------------------|--|
| 8. | Unemployment compensation | \$ | \$ |
| | Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: | | |
| | For you\$ | | |
| | For your spouse\$ | | |
| | Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. | \$ | \$ |
| | Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below | | |
| | • | \$ | \$ |
| | | \$ | \$ |
| | Total amounts from separate pages, if any. | \$ | \$ |
| 11. | Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | + \$ | =\s |
| | | | Total current monthly income |
| Part | 2: Determine Whether the Means Test Applies to You | | |
| 12. | Calculate your current monthly income for the year. Follow these steps: | | |
| | 12a. Copy your total current monthly income from line 11 | Copy line 11 h | ere=> |
| | Multiply by 12 (the number of months in a year) | | x 12 |
| | 12b. The result is your annual income for this part of the form | | 12b. \$ |
| 13. | Calculate the median family income that applies to you. Follow these steps: | | |
| | Fill in the state in which you live. | | |
| | Fill in the number of people in your household. | | |
| | Fill in the median family income for your state and size of household | | 13. \$ |
| 14. | How do the lines compare? | | |
| | 14a. | | |
| Part | 3: Sign Below | | |
| | By signing here, I declare under penalty of perjury that the information on this sta | tement and in any atta | chments is true and correct. |
| | X /s/ Christopher E. Knight Christopher E Knight | | |
| | Signature of Debtor 1 | | |
| | Date May 8, 2024 MM / DD / YYYY | | |

Official Form 122A-1

Christopher E Knight 2:24-bk-22327 Debtor 1 Case number (if known)

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Page 52 of 60

| Fill in this information to identify your case: | |
|---|--|
| Debtor 1 Christopher E Knight | |
| Debtor 2 | _ |
| (Spouse, if filing) | - |
| United States Bankruptcy Court for the: Eastern District of Wisconsin | |
| Conted States Bankruptcy Court for the. Eastern District of Wisconsin | _ |
| Case number 2:24-bk-22327 | ☐ Check if this is an amended filing ☐ ☐ |
| (if known) | |
| Off: F 400 A 40 | |
| Official Form 122A - 1Supp | |
| Statement of Exemption from Presumption | n of Abuse Under § 707(b)(2) 12/15 |
| exempted from a presumption of abuse. Be as complete and accurate as p exclusions in this statement applies to only one of you, the other person s required by 11 U.S.C. § 707(b)(2)(C). Part 1 Identify the Kind of Debts You Have | |
| · | 444100004000000000000000000000000000000 |
| Are your debts primarily consumer debts? Consumer debts are define personal, family, or household purpose." Make sure that your answer is co Individuals Filing for Bankruptcy (Official Form 1). | |
| No. Go to Form 122A-1; on the top of page 1 of that form, check box supplement with the signed Form 122A-1. | 1, There is no presumption of abuse, and sign Part 3. Then submit this |
| ☐ Yes. Go to Part 2. | |
| Don't 2: Determine Whether Militery Comice Drevisions Apply to Very | |
| Part 2: Determine Whether Military Service Provisions Apply to You | |
| Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))? No. Go to line 3. | |
| ☐ Yes. Did you incur debts mostly while you were on active duty or while | you were performing a homeland defense activity? |
| 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). | |
| ☐ No. Go to line 3. | |
| ☐ Yes. Go to Form 122A-1: on the top of page 1 of that form, chec this supplement with the signed Form 122A-1. | k box 1, <i>There is no presumption of abuse,</i> and sign Part 3. Then submit |
| 3. Are you or have you been a Reservist or member of the National Gua | ırd? |
| ☐ No. Complete Form 122A-1. Do not submit this supplement. | |
| Yes. Were you called to active duty or did you perform a homeland d | efense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1). |
| ☐ No. Complete Form 122A-1. Do not submit this supplement. | |
| ☐ Yes. Check any one of the following categories that applies: | If you checked one of the categories to the left, go to Form |
| I was called to active duty after September 11, 2001, for days and remain on active duty. | rat least 90 122A-1. On the top of page 1 of Form 122A-1, check box 3, The Means Test does not apply now, and sign Part 3. Then |
| ☐ I was called to active duty after September 11, 2001, for | are not required to fill out the rest of Official Form 1224-1 |
| days and was released from active duty on is fewer than 540 days before I file this bankruptcy case. | during the exclusion period. The exclusion period means the time you are on active duty or are performing a homeland |
| ☐ I am performing a homeland defense activity for at least | st 90 days. defense activity and for 540 days afterward 11 U.S.C. & |

Official Form 122A-1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

__, which is fewer than 540 days before I

707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

☐ I performed a homeland defense activity for at least 90 days,

| Fill in this inform | nation to identify your ca | ise: | | |
|--|---|---|--|---|
| Debtor 1 | Christopher E Knigh | t | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | EASTERN DISTR | ICT OF WISCONSIN | |
| Case number 2 | 2:24-bk-22327 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| Official For | | | | _ |
| <u>Statemen</u> | nt of Intention | for Indiv | riduals Filing Under Chapte | er 7 12/15 |
| You must file this whicher on the f If two married persign and Be as complete a write you | ver is earlier, unless the form ople are filing together in d date the form. | hin 30 days after court extends the n a joint case, bo . If more space is per (if known). | ot expired. you file your bankruptcy petition or by the date so e time for cause. You must also send copies to th th are equally responsible for supplying correct in s needed, attach a separate sheet to this form. On | e creditors and lessors you list |
| 1. For any creditor information be | - | t 1 of Schedule D | : Creditors Who Have Claims Secured by Propert | y (Official Form 106D), fill in the |
| Identify the cre | editor and the property tha | t is collateral | What do you intend to do with the property that secures a debt? | t Did you claim the property as exempt on Schedule C? |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it.☐ Retain the property and enter into a | ☐ Yes |
| Description of | | | Reaffirmation Agreement. | |
| property securing debt: | | | ☐ Retain the property and [explain]: | _ |
| Creditor's | | | Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | _ |
| Description of | | | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | | | Retain the property and [explain]: | |
| securing debt: | | | | _ |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it.☐ Retain the property and enter into a | ☐ Yes |
| Description of | | | Reaffirmation Agreement. | □ 193 |
| property securing debt: | | | ☐ Retain the property and [explain]: | |
| Oue elite ule | | | Companded the present | — П.N. |
| Creditor's name: | | | ☐ Surrender the property.☐ Retain the property and redeem it. | □ No |
| | | | ☐ Retain the property and enter into a | ☐ Yes |
| Description of property | | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | | | | |

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Official Form 108

Best Case Bankruptcy

page 1

Statement of Intention for Individuals Filing Under Chapter 7

| Debto | or 1 <u>Christophe</u> | er E Knight | Case number (if known) | 2:: | 24-bk-22327 |
|---------------|--------------------------------------|---|--|-------------|----------------------------|
| | | | | | |
| | | nexpired Personal Property Leases | F | -11- | (Official Farms 4000) fill |
| in the | information belo | sonal property lease that you listed in Schedule G: ow. Do not list real estate leases. Unexpired leases a nexpired personal property lease if the trustee does | are leases that are still in effect; the | e lea | |
| Desc | ribe your unexpi | red personal property leases | | Wil | I the lease be assumed? |
| Lesso | or's name: | Toyota Financial Services | | \boxtimes | No |
| | | | | | Yes |
| Desc Prope | ription of leased erty: | Installment account opened 02/01/2021 Credit Limit: ?52,843.00, Remaining Balance: ? | 16,513.00 | | |
| Part 3 | Sign Below | | | | |
| | | rry, I declare that I have indicated my intention abou at to an unexpired lease. | t any property of my estate that se | cure | es a debt and any personal |
| X | /s/ Christopher I | E. Knight X | | | |
| | Christopher E K Signature of Debt | - | Signature of Debtor 2 | | |

Date

Official Form 108

Date

May 8, 2024

Statement of Intention for Individuals Filing Under Chapter 7

Notice Required by 11 U.S.C. § 342(b) for **Individuals Filing for Bankruptcy** (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chap | ter 7: | Liquidation |
|------|--------|--------------------|
| | \$245 | filing fee |
| | \$78 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

Best Case Bankruptcy

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the Means Test, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$571 | administrative fee |
| | \$1,738 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| + | \$200 \$78 | filing fee administrative fee |
|---|---------------|----------------------------------|
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Wisconsin

| Disclosure of Compensation paid to me was: Discression of the compensation of the politic members of the compensation of the discression of the compensation of the compensation of the politic members of the compensation of the received share the above-disclosed compensation with any other person unless they are members and associates of my law for the above-disclosed compensation with any other person unless they are members and associates of my law for the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial stituation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Perparation and filing of any petition, schedules, statement of affirias and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] If necessary, counsel may also provide assistance with: correspondence and advice regarding bankruptcy-related mat obtaining credit; disposition of property; lien avoidance actions; and defence of third-party litigation. If the amount rece above is insufficient to over the amount of two keptormed, counsel retains the right to request additional compensations of the debtor of the debtor in any dischargeablility actions, satisfaction of judgment liens, discovery and inquiries by United States Trustee's Office including 2004 Examinations, Inquiries related to use of government issued loans (PPP EIDL, SBA), or any adversary action. **CER | In re | Christopher E Knight | | | Case No. | 2:24-bk-22327 |
|--|-------|---|--|---|---|---|
| 1. Pursuant to 11 U. S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compens paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept | | | De | btor(s) | Chapter | 7 |
| paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept | | DISCLOS | URE OF COMPENSATION | OF ATTORNEY | FOR DE | EBTOR(S) |
| Prior to the filling of this statement I have received | 1 | oaid to me within one year be | fore the filing of the petition in bankrupto | ey, or agreed to be paid to | me, for serv | |
| Balance Due | | For legal services, I have | agreed to accept | \$ | | 4,500.00 |
| 2. The source of the compensation paid to me was: Debtor Other (specify): | | Prior to the filing of this | statement I have received | \$ | | 4,500.00 |
| Debtor | | Balance Due | | \$ | | 0.00 |
| | 2. | | - | | | |
| 4. | 3. | The source of compensation to | be paid to me is: | | | |
| □ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] If necessary, counsel may also provide assistance with: correspondence and advice regarding bankruptcy-related mat obtaining credit; disposition of property; lien avoidance actions; and defence of third-party litigation. If the amount rece above is insufficient to cover the amount of work performed, counsel retains the right to request additional compensati pursuant to Bankruptcy Rule 2016 and 11 U.S.C. 331. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, satisfaction of judgment liens, discovery and inquiries by United States Trustee's Office including 2004 Examinations, Inquiries related to use of government issued loans (PPP EIDL, SBA), or any adversary action. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in bankruptcy proceeding. May 8, 2024 Date All Richard Check Signature of Attorney Bankruptcy Law Office of Richard A Check SC 757 N BROADWAY SUITE 401 Milwaukee, WI 53202 (414) 223-0000 Fax: (414) 223-3245 court@richardacheck.com | | Debtor O | ther (specify): | | | |
| of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] If necessary, counsel may also provide assistance with: correspondence and advice regarding bankruptcy-related mat obtaining credit; disposition of property; lien avoidance actions; and defence of third-party litigation. If the amount rece above is insufficient to cover the amount of work performed, counsel retains the right to request additional compensati pursuant to Bankruptcy Rule 2016 and 11 U.S.C. 331. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, satisfaction of judgment liens, discovery and inquiries by United States Trustee's Office including 2004 Examinations, Inquiries related to use of government issued loans (PPP EIDL, SBA), or any adversary action. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in bankruptcy proceeding. May 8, 2024 Date As Richard Check Rich | 4. | I have not agreed to share | the above-disclosed compensation with | any other person unless th | ey are mem | bers and associates of my law firm. |
| a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] If necessary, counsel may also provide assistance with: correspondence and advice regarding bankruptcy-related mat obtaining credit; disposition of property; lien avoidance actions; and defence of third-party litigation. If the amount rece above is insufficient to cover the amount of work performed, counsel retains the right to request additional compensati pursuant to Bankruptcy Rule 2016 and 11 U.S.C. 331. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, satisfaction of judgment liens, discovery and inquiries by United States Trustee's Office including 2004 Examinations, Inquiries related to use of government issued loans (PPP EIDL, SBA), or any adversary action. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in bankruptcy proceeding. May 8, 2024 May 8, 2024 /s/ Richard Check Richard Check Signature of Attorney Bankruptcy Law Office of Richard A Check SC 757 N BROADWAY SUITE 401 Milwaukee, WI 532002 (414) 223-0000 Fax: (414) 223-3245 court@richardacheck.com | | ☐ I have agreed to share the of the agreement, together | above-disclosed compensation with a per with a list of the names of the people sh | son or persons who are no aring in the compensation | t members o is attached. | r associates of my law firm. A copy |
| b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] If necessary, counsel may also provide assistance with: correspondence and advice regarding bankruptcy-related mat obtaining credit; disposition of property; lien avoidance actions; and defence of third-party litigation. If the amount rece above is insufficient to cover the amount of work performed, counsel retains the right to request additional compensati pursuant to Bankruptcy Rule 2016 and 11 U.S.C. 331. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, satisfaction of judgment liens, discovery and inquiries by United States Trustee's Office including 2004 Examinations, Inquiries related to use of government issued loans (PPP EIDL, SBA), or any adversary action. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in bankruptcy proceeding. May 8, 2024 Bankruptcy Law Office of Richard A Check SC 757 N BROADWAY SUITE 401 Milwaukee, WI 53202 (414) 223-0000 Fax: (414) 223-3245 court@richardacheck.com | 5. | In return for the above-disclo | sed fee, I have agreed to render legal serv | vice for all aspects of the | oankruptcy c | ase, including: |
| Representation of the debtors in any dischargeability actions, satisfaction of judgment liens, discovery and inquiries by United States Trustee's Office including 2004 Examinations, Inquiries related to use of government issued loans (PPP EIDL, SBA), or any adversary action. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in bankruptcy proceeding. May 8, 2024 Date /s/ Richard Check Richard Check Signature of Attorney Bankruptcy Law Office of Richard A Check SC 757 N BROADWAY SUITE 401 Milwaukee, WI 53202 (414) 223-0000 Fax: (414) 223-3245 court@richardacheck.com | l | Preparation and filing of a Representation of the debt [Other provisions as needed If necessary, counse obtaining credit; disabove is insufficien | ny petition, schedules, statement of affair or at the meeting of creditors and confirmed] sel may also provide assistance with: sposition of property; lien avoidance at to cover the amount of work perforn | rs and plan which may be nation hearing, and any ac correspondence and a actions; and defence of | required; ljourned hea dvice regar third-party | rings thereof; ding bankruptcy-related matters; litigation. If the amount received |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in bankruptcy proceeding. May 8, 2024 Date /s/ Richard Check Richard Check Signature of Attorney Bankruptcy Law Office of Richard A Check SC 757 N BROADWAY SUITE 401 Milwaukee, WI 53202 (414) 223-0000 Fax: (414) 223-3245 court@richardacheck.com | 6. 1 | Representation of to United States Trus | the debtors in any dischargeability ac tee's Office including 2004 Examinati | tions, satisfaction of jud | Igment lien: | |
| bankruptcy proceeding. May 8, 2024 Date /s/ Richard Check Richard Check Signature of Attorney Bankruptcy Law Office of Richard A Check SC 757 N BROADWAY SUITE 401 Milwaukee, WI 53202 (414) 223-0000 Fax: (414) 223-3245 court@richardacheck.com | | | CERTIFIC | CATION | | |
| Richard Check Signature of Attorney Bankruptcy Law Office of Richard A Check SC 757 N BROADWAY SUITE 401 Milwaukee, WI 53202 (414) 223-0000 Fax: (414) 223-3245 court@richardacheck.com | | | complete statement of any agreement or | arrangement for payment | to me for re | presentation of the debtor(s) in this |
| Richard Check Signature of Attorney Bankruptcy Law Office of Richard A Check SC 757 N BROADWAY SUITE 401 Milwaukee, WI 53202 (414) 223-0000 Fax: (414) 223-3245 court@richardacheck.com | l N | Лау 8, 2024 | /s/ | Richard Check | | |
| Bankruptcy Law Office of Richard A Check SC 757 N BROADWAY SUITE 401 Milwaukee, WI 53202 (414) 223-0000 Fax: (414) 223-3245 court@richardacheck.com | _ | | Ric | hard Check | | |
| 757 N BROADWAY SUITE 401 Milwaukee, WI 53202 (414) 223-0000 Fax: (414) 223-3245 court@richardacheck.com | | | | | Richard A 0 | Check SC |
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| court@richardacheck.com | | | | | 4) 223-324 | 5 |
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| Name of law firm | | | Nan | me of law firm | | |

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